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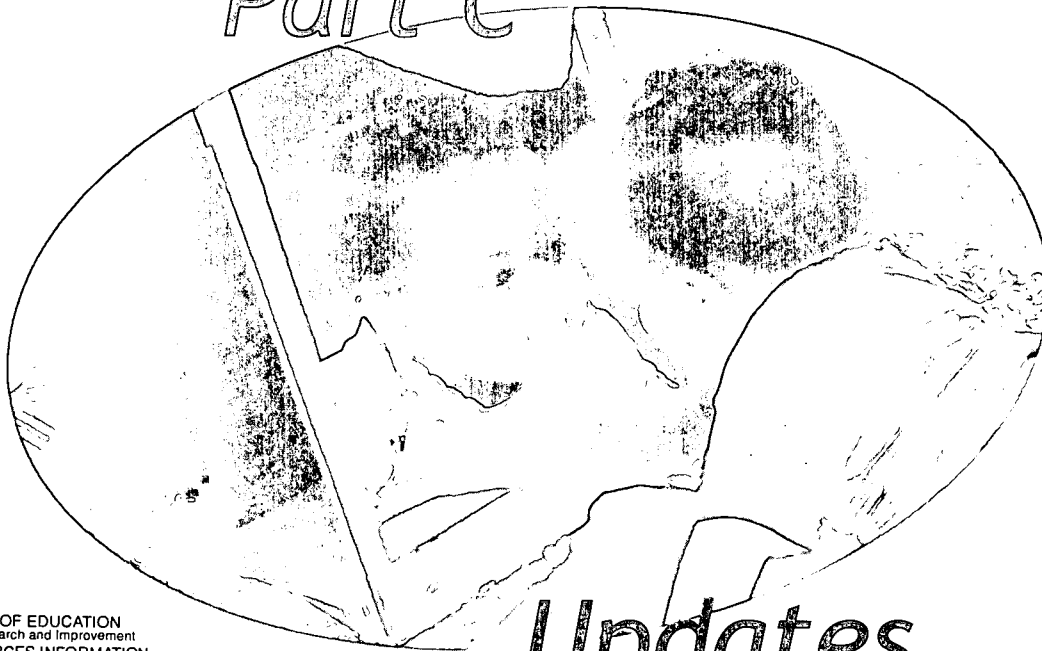
Part C Updates is a compilation of information on various aspects of the Early Intervention Program for Infants and Toddlers with Disabilities (Part C) of the Individuals with Disabilities Education Act (IDEA). The intent of the compilation is to collect, in a convenient format, a variety of resources that meet the information needs of state and jurisdictional Part C program staff, the Office of Special Education Programs of the U.S. Department of Education, and policy makers at all levels. It contains information about Part C program administration, as well as Part C program implementation. Section II contains a reprint of the document entitled: "State and Jurisdictional Eligibility Definitions for Infants and Toddlers under IDEA" (Jo Shackelford). Three appendices include: (1) Part C of Public Law 105-17, the IDEA Amendments of 1997; (2) Federal Regulations for Part C of IDEA; and (3) Part C data from the "Twenty-Third Annual Report to Congress." Statistical data and lists of Part C project officers, Part C lead agencies, Part C state and jurisdictional coordinators, and chairs of state interagency coordinating councils are included. (SG)

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Part C



Updates

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Fourth in a Series of Updates on Selected Aspects of the
Early Intervention Program for Infants and Toddlers with Disabilities,
Part C of the Individuals with Disabilities Education Act (IDEA)

Joan Danaher,
Editor

The National Early Childhood Technical Assistance Center

Part C



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The National Early Childhood Technical Assistance Center

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Please note that some of the content of this volume were updated before the document went to press. Dates on individual contents may be more recent than the May 2002 date of the compilation. While this may be unorthodox, our intent is to provide the reader with the most current information possible.

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May 2002



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Introduction

Part C Updates is a compilation of information on various aspects of the Early Intervention Program for Infants and Toddlers with Disabilities (Part C) of The Individuals with Disabilities Education Act (IDEA). It is the fourth volume in a series of compilations, which included two editions of Part H Updates, the former name of the program. Several items have been reprinted in their entirety from the original sources. The intent of *Part C Updates* is to collect, in a convenient format, a variety of resources that meet the information needs of state and jurisdictional Part C program staff, the Office of Special Education Programs of the U.S. Department of Education, and policy makers at all levels.

We welcome your feedback on the usefulness of the *Part C Updates*. States and jurisdictions are particularly invited to provide updated information to the editors or to the authors of individual documents.

Joan Danaher
Caroline Armijo
Robert Kraus
Cathy Festa

Key to State and Jurisdictional Abbreviations

(Listed alphabetically by abbreviation)

State/Jurisdiction	State/Jurisdiction
AL Alabama	MS Mississippi
AK Alaska	MT Montana
AR Arkansas	NC North Carolina
AS American Samoa	ND North Dakota
AZ Arizona	NE Nebraska
CA California	NV Nevada
CO Colorado	NH New Hampshire
CT Connecticut	NJ New Jersey
DC District of Columbia	NM New Mexico
DE Delaware	NY New York
DOI Department of Interior (U.S.)	OH Ohio
FL Florida	OK Oklahoma
GA Georgia	OR Oregon
GU Guam	PA Pennsylvania
HI Hawai'i	PR Puerto Rico
IA Iowa	PW Palau*
ID Idaho	RI Rhode Island
IL Illinois	SC South Carolina
IN Indiana	SD South Dakota
KS Kansas	TN Tennessee
KY Kentucky	TX Texas
LA Louisiana	UT Utah
MA Massachusetts	VA Virginia
MD Maryland	VI Virgin Islands
ME Maine	VT Vermont
MI Michigan	WA Washington
MN Minnesota	WI Wisconsin
MO Missouri	WV West Virginia
MP Northern Mariana Islands	WY Wyoming

* Palau is not currently eligible to participate in Part C.

Section I: Part C Program Administration

Minimum Components Under IDEA of a Statewide Comprehensive System of Early Intervention Services to Infants and Toddlers with Special Needs	3
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Minimum Components Under IDEA of a Statewide, Comprehensive System of Early Intervention Services to Infants and Toddlers With Special Needs

(Including American Indian Infants and Toddlers)

1. Definition of developmental delay
2. Timetable for ensuring appropriate services to all eligible children
3. Timely and comprehensive multidisciplinary evaluation of needs of children and family-directed identification of the needs of each family
4. Individualized family service plan and service coordination
5. Comprehensive child find and referral system
6. Public awareness program
7. Central directory of services, resources, and research and demonstration projects
8. Comprehensive system of personnel standards
9. Policies and procedures for personnel standards
10. Single line of authority in a lead agency designated or established by the governor for carrying out:
 - a. General administration and supervision
 - b. Identification and coordination of all available resources
 - c. Assignment of financial responsibility to the appropriate agencies
 - d. Development of procedures to ensure that services are provided in a timely manner pending resolution of any disputes
 - e. Resolution of intra- and interagency disputes
 - f. Development of formal interagency agreements
11. Policy pertaining to contracting or otherwise arranging for services
12. Procedure for securing timely reimbursement of funds
13. Procedural safeguards
14. System for compiling data on the early intervention system
15. State interagency coordinating council
16. Policies and procedures to ensure that to the maximum extent appropriate, early intervention services are provided in natural environments

Note: Adapted from 20 U.S.C. §1435(a).

Annual Appropriations and Number of Children Served Under Part C of IDEA

Federal Fiscal Years 1987-2001

FFY	Appropriations (Million \$)	Children ¹
1987	50	
1988	67	
1989	69	
1990	79	
1991	117	194,363 (1.77%)
1992	175	166,634 ² (1.41%)
1993	213	143,392 ² (1.18%)
1994	253	154,065 (1.30%)
1995	316 ³	165,253 (1.41%)
1996	316	177,734 (1.54%)
1997	316	187,348 (1.65%)
1998	350	197,376 (1.70%)
1999	370	188,926 (1.63%)
2000	375	205,769 (1.78%)
2001	383.6	230,853 (1.99%)
2002	417	not yet available

¹ Number and percentage of infants and toddlers receiving early intervention services under Part C, Chapter 1 (for FY 1987 through FY 1994 only), and other programs as of December 1 of the Federal fiscal year. For example, for fiscal year 1991, 194,000 children were reported to be receiving services as of December 1, 1990.

² A combination of factors appears to account for the apparent decline in these child counts:

- Early inaccuracies, including duplicated counts in state data collection systems;
- Inclusion in earlier years of children who only received some services and who did not necessarily have IFSPs; and
- In the count for 1993, the decline in the reported number of children served in several large states masked the reports from other jurisdictions of increases in the number of children served.

³ Includes \$34 million to offset the elimination of funding for the Chapter 1 Handicapped Program.

Part C Allocation to State and Jurisdictional Lead Agencies Federal Fiscal Years 1994 Through 2002

This data is maintained at http://www.ideadata.org/tables24th/ar_ag1.htm.

State	FFY94	FFY95	FFY96	FFY97	FFY98	FFY99	FY00	FY01	FY02
AL	\$3,887,000	\$4,367,917	\$4,483,470	\$4,451,153	\$5,026,654	\$5,401,820	\$5,442,925	\$5,567,271	6,063,339
AK	1,524,000	1,524,910	1,545,710	1,545,710	1,713,659	1,812,075	1,836,562	1,878,520	2,043,288
AS	475,000	514,726	514,925	514,925	570,537	581,948	589,812	603,278	616,106
AZ	4,242,000	5,040,920	5,306,409	5,281,199	5,964,019	6,790,748	7,163,113	7,326,758	7,868,896
AR	2,429,000	2,511,863	2,549,297	2,643,862	2,985,693	3,224,319	3,300,402	3,375,801	3,716,598
CA	35,326,000	40,347,086	41,438,233	40,850,169	46,131,788	46,249,617	45,929,796	46,979,082	49,954,044
CO	3,568,000	3,893,981	3,972,753	4,069,358	4,595,495	5,125,020	5,377,332	5,500,179	6,132,874
CT	3,957,000	4,095,944	3,378,163	3,378,163	3,775,344	3,831,379	3,992,165	4,083,368	4,478,645
DE	1,255,000	1,374,985	1,545,710	1,545,710	1,713,659	1,812,075	1,836,562	1,878,520	2,043,288
DO	3,094,000	3,862,461	3,864,276	3,864,276	4,284,149	4,567,901	4,629,630	4,735,395	5,148,148
DC	1,383,000	1,383,883	1,545,710	1,545,710	1,713,659	1,812,075	1,836,562	1,878,520	2,043,288
FL	14,914,000	15,212,617	14,722,619	14,722,619	16,118,402	17,360,485	17,645,688	18,048,811	19,235,683
GA	6,564,000	7,438,680	8,226,009	8,342,876	9,421,547	10,497,445	10,918,523	11,167,692	12,265,577
GU	1,052,000	1,139,887	1,140,327	1,140,327	1,263,482	1,288,752	1,306,168	1,335,989	1,364,398
HI	1,557,000	1,590,820	1,569,551	1,569,551	1,713,659	1,812,075	1,836,562	1,878,520	2,043,288
ID	1,479,000	1,479,484	1,545,710	1,545,710	1,713,659	1,812,075	1,836,562	1,878,520	2,043,288
IL	13,193,000	13,736,885	13,785,909	13,792,826	15,576,135	16,098,291	16,151,859	16,520,855	17,822,071
IN	5,876,000	6,442,058	6,065,530	6,177,116	6,975,771	7,501,701	7,655,126	7,830,010	8,666,617
IA	2,582,000	2,809,586	2,712,211	2,728,821	3,081,637	3,315,411	3,369,461	3,446,438	3,851,252
KS	2,505,000	2,802,012	2,716,195	2,734,507	3,088,058	3,335,406	3,433,291	3,511,726	3,884,393
KY	3,478,000	3,928,148	3,876,538	3,889,895	4,392,829	4,795,769	4,821,022	4,921,954	5,461,452
LA	4,788,000	5,275,752	5,023,051	4,898,566	5,531,914	5,747,605	5,894,220	6,028,876	6,549,059
ME	1,237,000	1,374,985	1,545,710	1,545,710	1,713,659	1,812,075	1,836,562	1,878,520	2,043,288
MD	6,088,000	6,239,596	6,148,806	6,148,806	6,054,659	6,237,516	6,413,677	6,560,200	7,162,997
MA	8,492,000	8,492,708	8,621,533	8,621,533	7,826,512	8,115,297	7,269,022	7,435,086	8,078,494
MI	9,621,000	10,176,247	10,017,913	9,990,962	11,282,718	11,896,386	12,028,661	12,303,461	13,646,869
MN	4,836,000	5,094,610	4,873,116	4,873,116	5,345,043	5,792,064	5,931,008	6,066,505	6,710,076
MS	2,545,000	2,836,013	3,120,649	3,065,154	3,461,456	3,688,050	3,786,753	3,873,263	4,213,822
MO	5,167,000	5,724,039	5,422,619	5,465,155	6,171,758	6,630,914	6,722,152	6,875,722	7,568,706
MT	1,395,000	1,395,819	1,545,710	1,545,710	1,713,659	1,812,075	1,836,562	1,878,520	2,043,288
NE	1,612,000	1,758,114	1,689,626	1,719,997	1,942,380	2,098,289	2,120,927	2,169,380	2,400,219
NV	1,535,000	1,759,009	1,783,636	1,903,065	2,149,117	2,488,044	2,652,976	2,713,585	2,970,642

State	FFY94	FFY95	FFY96	FFY97	FFY98	FFY99	FY00	FY01	FY02
NH	1,522,000	1,522,232	1,545,710	1,545,710	1,713,659	1,812,075	1,836,562	1,878,520	2,043,288
NJ	8,119,000	8,552,266	8,497,315	8,527,086	9,629,574	9,865,491	9,965,995	10,193,673	11,405,544
NM	1,675,000	1,890,168	2,045,597	2,022,495	2,283,988	2,415,047	2,442,953	2,498,764	2,682,058
NY	19,445,000	21,361,708	20,119,188	19,656,530	22,197,971	22,590,621	22,320,520	22,830,440	25,063,710
NC	6,318,000	6,809,052	7,582,020	7,655,537	8,645,341	9,652,685	9,991,552	10,219,813	11,179,579
ND	1,299,000	1,374,985	1,545,710	1,545,710	1,713,659	1,812,075	1,836,562	1,878,520	2,043,288
MP	316,000	342,601	342,733	342,733	379,748	387,343	392,577	401,540	410,078
OH	9,708,000	10,460,369	11,402,583	11,364,015	12,833,297	13,495,119	13,648,077	13,959,873	15,361,800
OK	3,274,000	3,722,478	3,381,056	3,394,025	3,832,847	4,236,413	4,398,814	4,499,306	4,901,951
OR	3,034,000	3,142,903	3,086,097	3,203,673	3,617,884	3,969,749	4,068,712	4,161,663	4,544,414
PW	96,000	104,018	78,014	52,039	26,004	0	0	0	0
PA	12,590,000	12,590,173	12,702,122	12,702,122	12,737,869	12,889,526	13,016,152	13,313,512	14,662,818
PR	3,630,000	4,107,217	4,549,818	4,609,319	5,205,269	5,560,061	5,782,773	5,914,883	5,986,306
RI	1,564,000	1,564,797	1,568,805	1,568,805	1,713,659	1,812,075	1,836,562	1,878,520	2,043,288
SC	3,739,000	4,103,199	3,852,059	3,760,591	4,246,807	4,638,845	4,752,400	4,860,970	5,456,933
SD	1,328,000	1,374,985	1,545,710	1,545,710	1,713,659	1,812,075	1,836,562	1,878,520	2,043,288
TN	4,997,000	5,624,612	5,414,050	5,473,582	6,181,275	6,622,525	6,863,518	7,020,318	7,697,334
TX	21,774,000	24,258,785	23,718,333	24,061,384	27,172,340	29,847,674	30,671,586	31,372,291	33,464,547
UT	2,510,000	2,826,559	2,768,788	2,904,730	3,280,289	3,832,145	3,997,116	4,088,432	4,423,421
VT	1,362,000	1,374,985	1,545,710	1,545,710	1,713,659	1,812,075	1,836,562	1,878,520	2,043,288
VI	619,000	671,387	671,647	671,647	744,185	759,069	769,327	786,891	803,624
VA	6,635,000	7,329,204	6,930,714	6,814,652	7,695,736	8,150,863	8,373,127	8,564,414	9,470,434
WA	5,562,000	5,946,345	5,664,434	5,775,775	6,522,539	7,047,124	7,217,290	7,382,172	8,061,958
WV	1,783,000	1,878,151	1,798,698	1,798,698	1,799,482	1,812,075	1,836,562	1,878,520	2,068,052
WI	5,502,000	5,649,829	5,553,755	5,553,755	5,672,891	6,010,473	6,078,934	6,217,810	6,961,718
WY	1,423,000	1,423,267	1,545,710	1,545,710	1,713,659	1,812,075	1,836,562	1,878,520	2,043,288
	\$291,480,000	\$315,632,000	\$315,754,000	\$315,754,000	\$350,000,000	\$370,000,000	\$375,000,000	\$383,567,000	\$417,000,000

Part C Funding Cycles

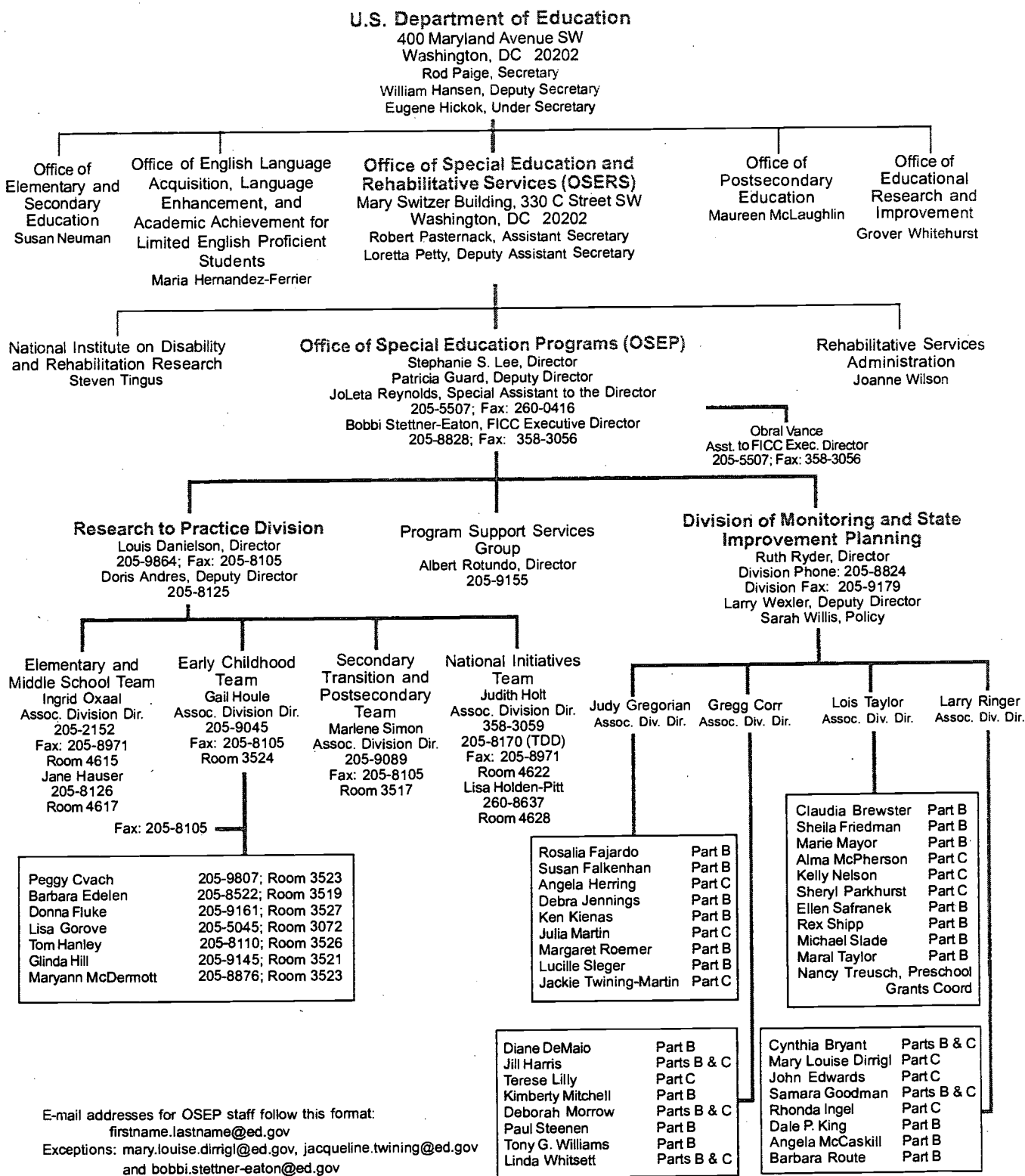
Federal Fiscal Year	Part C Funds First Available to States	Deadline for Submission of Application to OSEP	Deadline for Federal Obligation of Funds	Deadline for State Obligation of Funds
1987	7/01/87	6/30/88	9/30/88	9/30/89
1988	7/01/88	6/30/89	9/30/89	9/30/90
1989	7/01/89	6/30/90	9/30/90	9/30/91
1990	7/01/90	6/30/91	9/30/91	9/30/92
1991	7/01/91	6/30/92	9/30/92	9/30/93
1992	7/01/92	6/30/93	9/30/93	9/30/94
1993	7/01/93	EP to FI: 5/02/94 ¹ FI 1-3 yr: 1/31/94 ²	9/30/94	9/30/95
1994	7/01/94	1/31/95	9/30/95	9/30/96
1995	7/01/95	5/31/95	9/30/96	9/30/97
1996	7/01/96	8/01/96	9/30/97	9/30/98
1997	7/01/97	6/15/97	9/30/98	9/30/99
1998	7/01/98	5/01/98	9/30/99	9/30/00
1999	7/01/99	4-23/99	9/30/00	9/30/01
2000	7/01/00	4/27/00	9/30/01	9/30/02
2001	7/01/01	4/16/01	9/30/02	9/30/03
2002	7/01/02	5/31/02	9/30/03	9/30/04

¹ From Extended Participation (EP) to Full Implementation (FI)

² For states in Full Implementation, 1- to 3-year application

U.S. Department of Education Organization Chart

(Abbreviated as of August 14, 2002; All phone and fax numbers are in area code 202)



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OSEP Part C Project Officers

State Assignments
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This data is maintained at
http://www.ed.gov/offices/OSERS/OSEP/Monitoring/state_contact_list.html.

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Figure 3

NECTAS List of Part C Lead Agencies

(Current as of May 2002)

State/Jurisdiction^{1,2}	Lead Agency
Alabama	Rehabilitation Services
Alaska	Health and Social Services
American Samoa	Health
Arizona	Economic Security
Arkansas	Human Services/Developmental Disabilities
California	Developmental Services
Colorado	Education
Commonwealth of Northern Mariana Islands	Education
Connecticut	Mental Retardation
Delaware	Health and Social Services
District of Columbia	Human Services
Florida	Health (Children's Medical Services)
Georgia	Human Resources/Division of Health
Guam	Education
Hawaii	Health
Idaho	Health & Welfare/ Developmental Disabilities
Illinois	Human Services
Indiana	Family and Social Services
Iowa	Education
Kansas	Health and Environment
Kentucky	Human Resources/Mental Health-Mental Retardation
Louisiana	Education
Maine	Education
Maryland	Education
Massachusetts	Public Health
Michigan	Education
Minnesota	Education
Mississippi	Health
Missouri	Education
Montana	Public Health and Human Services
Nebraska	Education and Health and Human Services (Co-Lead)
Nevada	Human Resources
New Hampshire	Health and Human Services

¹ Federated States of Micronesia, Republic of Marshall Islands and Republic of Palau are not currently eligible for this federal program.

² The Department of the Interior (DOI) receives allocation from the U.S. Department of Education, which then is distributed by DOI to tribes.

New Jersey	Health and Senior Services
New Mexico	Health/Developmental Disabilities
New York	Health/Division of Developmental Disabilities
North Carolina	Department of Health and Human Services/Division of Early Intervention and Education
North Dakota	Human Services
Ohio	Health
Oklahoma	Education
Oregon	Education
Pennsylvania	Public Welfare
Puerto Rico	Health
Rhode Island	Health
South Carolina	Health and Environmental Control
South Dakota	Education
Tennessee	Education
Texas	Interagency Council on Early Childhood Intervention
Utah	Health
Vermont	Education and Human Services (Co-Lead)
Virgin Islands	Health
Virginia	Mental Health/Mental Retardation/Substance Abuse Services
Washington	Social and Health Services
West Virginia	Health and Human Services
Wisconsin	Health and Social Services
Wyoming	Health

Part C Coordinators and Infant/Toddler Program Contacts in States and Jurisdictions

Information is current as of August 2002, having been updated before *Part C Updates* went to press. This information is maintained at the NECTAC Web site (<http://www.nectac.org/contact/ptccoord.asp>). Readers are encouraged to visit the site for up-to-date information. Infant/Toddler program contacts are shown for jurisdictions that are not Part C grantees, for the convenience of the reader. They are indicated by an asterisk.

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*Jurisdiction is not a Part C grantee. The Infant/Toddler contact is included for the convenience of the reader.

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Information is current as of August 2002, having been updated before Part C Updates went to press. This information is maintained at the NECTAC Web site (<http://www.nectac.org/contact/iccchair.asp>). Readers are encouraged to visit the site for up-to-date information. ICC Chairs are shown for jurisdictions that are not Part C grantees, for the convenience of the reader. They are indicated by an asterisk.

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Section II: Part C Program Implementation

State and Jurisdictional Eligibility Definitions for Infants and Toddlers with Disabilities Under IDEA by Jo Shackelford (NECTAC Notes No. 11, June 2002)	35
(This information is maintained along with other publications at http://www.nectac.org/ .)	
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State and Jurisdictional Eligibility Definitions for Infants and Toddlers with Disabilities Under IDEA

by Jo Shackelford

A major challenge to state and jurisdictional policy makers in implementing the Early Intervention Program for Infants and Toddlers with Disabilities, Part C under the Individuals with Disabilities Education Act (IDEA), is determining definitions of developmental delay and criteria of eligibility for services to young children, birth through 2 years of age, and their families. Under Part C, participating states and jurisdictions must provide services to two groups of children: those who are experiencing developmental delays, and those who have a diagnosed mental or physical condition that has a high probability of resulting in developmental delay. In addition, states may choose to serve children who are at risk of having substantial developmental delays if early intervention services are not provided. (*See Table 1 on page 2 for the statutory language relating to eligibility under Part C of the IDEA Amendments of 1997.*)

The task of defining the eligible population has been a challenge for states. Eligibility criteria influence the numbers and types of children needing or receiving services, the types of services provided, and ultimately the cost of the early intervention system. Over the years, several states have revised their definitions: some have narrowed their eligibility criteria and others have expanded them. Soon after the creation of the Early Intervention Program under IDEA, many states were interested in serving children at risk, but fears of highly increased numbers of eligible children and, therefore, highly increased costs, reduced the number of states that included children at risk in their eligibility definition. Several states that are not serving children at risk under their definition indicate that they will monitor the development of these children and refer them for early intervention services as delays are manifested.

This paper discusses how the 50 states and 6 jurisdictions that participate in the Part C program define developmental delay and, as applicable, at risk in their definition of eligibility for services. Table 2 displays a summary of states' and jurisdictions' definitions of developmental delay and, as applicable, their approaches to serving children who are at risk of having substantial developmental delay.

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The information in Table 2 is an update from April 2000. Only the Nevada and New Mexico definitions have changed.

Criteria for Definitions of Developmental Delay

Although the IDEA statute for Part C specifies the developmental areas that are to be included in states' definitions of developmental delay (*see Table 1*), states must identify appropriate diagnostic instruments, procedures (including the use of informed clinical opinion), and levels of functioning or other criteria that will be used to determine eligibility. A review of state eligibility definitions under Part C reveals that states are expressing criteria for delay quantitatively — such as (a) the difference between chronological age and actual performance level expressed as a percentage of chronological age, (b) delay expressed as performance at a certain number of months below chronological age, or (c) delay as indicated by standard deviation below the mean on a norm-referenced instrument — and qualitatively — such as delay indicated by atypical development or observed atypical behaviors. A few states have developed a matrix of criteria for delay, differentiating the amount of delay according to the age of the child in

months. The rationale for this is that a 25% delay in a 1-year-old's development, for example, is quite different from a 25% delay in a 3-year-old's development (Harbin, Gallagher, & Terry, 1991; Shonkoff & Meisels, 1991).

There is wide variability in the type of quantitative criteria states use to describe developmental delay, and there also is a wide range in the level of delay states require for eligibility. Common measurements of level of delay are 25% delay or 2 standard deviations (SD) below the mean in one or more developmental areas, or 20% delay or 1.5 SD in two or more areas. Traditional assessment instruments, yielding scores in standard deviations or developmental age in months, may not adequately address some developmental domains, or may not be comparable across developmental domains or across age levels (Benn, 1994; Brown & Brown, 1993). For this reason, some states have included qualitative criteria for determining developmental delay. This type of criterion includes findings of atypical behavior.

Because there is an insufficient number of reliable and valid instruments for the birth-through-2 age group and questionable predictive validity for available instruments, determining delay by traditional assessment can be problematic (Benn, 1994; Shonkoff & Meisels, 1991). For that reason, the Part C regulations require that informed clinical opinion be included for eligibility determination (*see* 34 C.F.R. §303.322(c)(2)). Informed clinical opinion relies on qualitative and quantitative information to determine the need for early intervention services, and typically is derived from the consensus of a multidisciplinary team that includes parents and information from multiple sources (Benn, 1994; Biro, Daulton, & Szanton, 1991; Harbin et al., 1991). Several states determine eligibility only through informed clinical opinion.

Inclusion of Risk Factors

Three categories of risk for adverse developmental outcomes that are frequently described by states are conditions of established risk, biological/medical risk, and environmental risk. Children with an established physical or mental condition with a high probability of resulting in developmental delay are, under IDEA, eligible for services. If a state decides to include in its eligibility definition children with other risk factors, it must delineate the criteria and procedures (including the use of informed clinical opinion) that will be used to identify those children. The IDEA Amendments of 1997 encourage states "to expand opportunities for children

Table 1

Definitions Related to Eligibility Under Part C of the IDEA Amendments of 1997

Under Part C of IDEA, states *must provide* services to any child "under 3 years of age who needs early intervention services" (20 U.S.C. §1432(5)(A)) because the child:

"(i) is experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures in one or more of the areas of cognitive development, physical development, communication development, social or emotional development, and adaptive development; or

(ii) has a diagnosed physical or mental condition which has a high probability of resulting in developmental delay" (20 U.S.C. §1432(5)(A)).

A state also *may provide* services, at its discretion, to at-risk infants and toddlers. An at-risk infant or toddler is defined under Part C as "an individual under 3 years of age who would be at risk of experiencing a substantial developmental delay if early intervention services were not provided to the individual" (20 U.S.C. §1432(1)).

under 3 years of age who would be at risk of having substantial developmental delay if they did not receive early intervention services" (20 U.S.C. §1431(b)(4)). The Amendments also allow states that do not serve infants and toddlers who are at risk to use IDEA funds to identify, evaluate, refer, and conduct periodic follow-up on each referral to determine any changes in eligibility status (see 20 U.S.C. §1438(4)).

Conditions of Established Risk. IDEA requires states to provide services to children who have conditions of established risk. A condition of established risk is defined as a "diagnosed physical or mental condition which has a high probability of resulting in developmental delay" (20 U.S.C. §1432(5)(A)(ii)). These conditions include, but are not limited to, "chromosomal abnormalities; genetic or congenital disorders; severe sensory impairments, including hearing and vision; inborn errors of metabolism; disorders reflecting disturbance of the development of the nervous system; congenital infections; disorders secondary to exposure to toxic substances, including fetal alcohol syndrome; and severe attachment disorders" (see 34 C.F.R. §303.16, Note 1). Children in this category are eligible for services under Part C of IDEA by virtue of their diagnosis, regardless of whether a measurable delay is present.

Although many states have mirrored the Part C regulatory language in listing diagnosed conditions in their eligibility definitions, several states have included many other conditions in their eligibility definitions. This may be because there is less agreement among professionals about what other conditions might be included in this category versus the biological/medical risk category. Accompanying their list of diagnosed conditions, many states use the phrase "but is not limited to the following" to allow flexibility for other conditions to be accepted for eligibility.

Biological/medical risk. Because children with a history of significant biological or medical conditions or events have a greater chance of developing a delay or a disability than children in the general population, states may include them under the optional eligibility category of at risk. Examples of biological/medical risk conditions that states have listed include low birthweight, intraventricular hemorrhage at birth, chronic lung disease, and failure to thrive.

Biological/medical risk conditions do not invariably lead to developmental delay, and many children who have a

history of biological events will do well developmentally with or without services (Shonkoff & Meisels, 1991). Therefore, a comprehensive child and family evaluation by a multidisciplinary team (MDT) is necessary to determine (a) eligibility and (b) the appropriate intervention services (Shonkoff & Meisels, 1991).

Environmental Risk. Children at environmental risk include those whose caregiving circumstances and current family situation place them at greater risk for delay than the general population. As with biological/medical risk, states are not required, but may choose to include children at environmental risk under the optional eligibility category of at risk. Examples of environmental risk factors that states have listed include parental substance abuse, family social disorganization, poverty, parental developmental disability, parental age, parental educational attainment, and child abuse or neglect.

As with children at biological/medical risk, environmental risk factors do not invariably result in delay or disability. Therefore, an MDT's comprehensive evaluation is essential to determining eligibility and appropriate services.

Single vs. Multiple Risk Factors. No single event or risk factor reliably predicts developmental outcome. The greater the number of both biological/medical and/or environmental risk factors, the greater the developmental risk. Research shows, however, that there can be factors in a child's caregiving environment that may mediate the impact of risk factors. These may include temperament of the child, high self-esteem, good emotional relationship with at least one parent, and successful learning experiences (Brown & Brown, 1993; Knudtson et al., 1990). Assessments should address multiple and cumulative risk criteria, both biological and environmental, and consider the resilience or protective factors, within a context of change over time (Kochanek, Kabacoff & Lipsitt, 1990; Shonkoff & Meisels, 1991).

Some states that choose to serve children who are eligible under optional at-risk categories use a multiple risk model with a range of three to five risk factors required for eligibility for services. A few states require less delay for eligibility when environmental and/or biological/medical risk factors also are present.

Summary of Part C Definitions

References

Table 2, at the end of this paper, summarizes the policies of states and other governing jurisdictions regarding the definition of developmental delay for Part C eligibility and the provision of services for at-risk children. The author gathered this information from the most recent copy of states' Part C applications or from personal communication with Part C coordinators. The Table is divided into three categories: Level of Developmental Delay Required for Eligibility, Serving At-Risk, and Comments.

Level of Developmental Delay Required for Eligibility. State criteria for delay are indicated in different ways. Those measured by assessment instruments are expressed in standard deviation (SD), percent delay, delay in months, or developmental quotient (DQ). Other determinants include informed clinical opinion or the judgment of an MDT. Areas refer to the five developmental areas cited in the law: "cognitive development, physical development, communication development, social or emotional development, and adaptive development" (20 U.S.C. §1432(5)(A)(i)).

Serving At-Risk. Whether or not a state has elected to serve at-risk children under its Part C program is indicated. If a state is serving only particular categories of at-risk (e.g., biological/medical risk and/or environmental risk), the eligible category as identified by the state is indicated. Please note that diagnosed physical or mental condition with high probability of resulting in developmental delay, commonly referred to as "established conditions," is an eligibility category required under Part C and, thus, is not included in this Table.

Comments. This column provides several kinds of information. For those states that have elected not to serve at-risk under Part C, the intent to track, screen, or monitor this population or to study the feasibility of serving at-risk is described if the state has so indicated. Other relevant observations about a state's eligibility criteria also are included, such as state-developed lists of risk factors or established conditions.

State definitions are current as of publication date, but may change as states redefine their eligible population. NECTAC maintains files on states' Part C eligibility criteria and can provide updated information on request.

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NECTAC Notes No.11 is an update of NECTAS Notes #5 disseminated in 2000. The current edition includes changes to only two states' definition of developmental delay, Nevada and New Mexico, as edited in Table 2.

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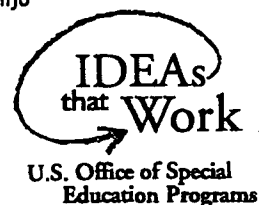


Table 2:
State and Jurisdictional Eligibility Definitions Under Part C of IDEA^{1,2}

State	Level of Developmental Delay Required for Eligibility ³	Serving At-Risk	Comments
Alabama	25% delay in one or more areas	NO	
Alaska	50% delay or equivalent standard deviation (SD) below the norm in one area; multidisciplinary team (MDT) clinical opinion to document atypical development	NO	Provide services to at-risk, based on available funding through the Infant Learning Program; collaborative efforts with Early Head Start, Healthy Families Alaska, and child care resource and referral agencies.
American Samoa	25% delay in one area; or age delay, in months, as follows: 6 months: delay of 1.5 months or more 1 year: delay of 3 months or more 1.5 years: delay of 4.5 months or more 3 years: delay of 9 months or more or professional judgment	NO	Will provide follow-up to at-risk.
Arizona	50% delay in one or more areas	NO	If child is not eligible after evaluation, offer continued tracking of child's development with the Ages and Stages Questionnaire and assist family to identify needed community resources.
Arkansas	25% delay in one or more areas	NO	
California	Significant difference between expected level of development and current level of functioning as determined by qualified MDT, including parents; atypical development determined by informed clinical opinion	YES (biological and environmental)	High risk due to a combination of two or more biological factors determined by MDT; high risk also exists when MDT determines that parent is a person with a developmental disability.
Colorado	Significant delay in one or more domains	NO	Part C will coordinate with other state and local efforts to assist children at risk.

1. Source: Survey of Part C Coordinators and/or definition from most recent OSEP-approved application; data current as of March 2002

2. Note: Diagnosed physical or mental condition with high probability of resulting in developmental delay, commonly referred to as "established conditions," is an eligibility category required under Part C and, thus, is not included in this table.

3. "Areas" refer to the five developmental areas — physical, communication, cognitive, social or emotional, and adaptive — that are cited in the law.

Table 2: State and Jurisdictional Eligibility Definitions Under Part C of IDEA^{1,2}, continued

State	Level of Developmental Delay Required for Eligibility ³	Serving At-Risk	Comments
Connecticut	As measured on a standardized test, greater than 2 SD in one area; greater than 1.5 SD in two areas; or informed clinical opinion of that degree of delay for children who cannot be tested.	NO	Track monitor and re-refer children found not eligible. Two lists of diagnosed conditions: List 1 conditions result in automatic eligibility. List 2 conditions also require some evidence (1.5 SD below the mean in one area of development) of delay. Children with 2 SD delay in expressive language only may be eligible if combined with a biological risk factor.
Delaware	25% delay in one area; and/or MDT clinical judgment; and/or standardized test scores (when available) of 1.75 SD below the mean.	NO	List of established conditions. Track children at risk.
District of Columbia	50% delay in one or more areas; informed clinical opinion	NO	
Federated States of Micronesia — Currently not eligible for this federal program.			
Florida	Corrected for gestational age for first 24 months of age; 1.5 SD in one area or 25% delay in months in one area; atypical functioning documented by qualified professionals from two or more disciplines	NO	
Georgia	2 SD in one area; 1.5 SD in two areas; or informed clinical opinion only when no appropriate standardized measure is available	NO	Extensive annotated list of established physical/mental conditions
Guam	2 SD in one area; 1.5 SD or 22% delay in two areas; informed clinical opinion	YES (biological and environmental)	Extensive list of established physical, mental conditions. List of environmental risk conditions; eligibility requires five or more environmental risk factors.
Hawai'i	MDT consensus; no level of SD or % delay specified	YES (biological and environmental)	Documented biological risk. Environmental risk is documented by interim care coordinator.

1. Source: Survey of Part C Coordinators and/or definition from most recent OSEP-approved application; data current as of March 2002

2. Note: Diagnosed physical or mental condition with high probability of resulting in developmental delay, commonly referred to as "established conditions," is an eligibility category required under Part C and, thus, is not included in this table.

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Table 2: State and Jurisdictional Eligibility Definitions Under Part C of IDEA^{1,2}, continued

State	Level of Developmental Delay Required for Eligibility ³	Serving At-Risk	Comments
Idaho	30% below age norm or 6 months delay, whichever is less, or 2 SD in one area; 1.5 SD in two areas; informed clinical opinion	NO	Screens and tracks at-risk. These children may be eligible "based on informed clinical opinion for those infants and toddlers having a combination of risk factors that taken together make developmental delay highly possible." Extensive list of established conditions.
Illinois	30% delay in one or more areas; informed clinical opinion by MDT including clinical observations and parent participation	NO	List of established medical conditions.
Indiana	1.5 SD in one area or 20% below chronological age; 1 SD in two areas or 15% below chronological age in two areas; informed clinical opinion	YES (biological)	Eight biological risk factors defined. Only one risk factor necessary for eligibility.
Iowa	25% below age in one or more areas; professional judgment of an MDT or a known condition with a high probability of resulting in later delays in development	NO	
Kansas	25% delay or 1.5 SD in one or more areas; 20% delay or 1 SD in two areas; clinical judgment	NO	Tracking, monitoring, and serving at-risk are based on local discretion and funding.
Kentucky	2 SD in one area; 1.5 SD in two areas or equal to or less than 75% Developmental Quotient (DQ) in one area; or clinical judgment if atypical development or in absence of standardized measures	NO	List of established conditions.
Louisiana	Delay in one or more areas, determined by MDT, including family, based on multisource data; team decision-making process operationally defined	NO	List of established conditions.
Maine	For birth through 2 years as measured by both diagnostic instruments that are criterion-based or norm-referenced and appropriate procedures; delay in one or more areas with delay being such that the child needs early intervention services	NO	
Marshall Islands — Currently not eligible for this federal program.			

1. Source: Survey of Part C Coordinators and/or definition from most recent OSEP-approved application; data current as of March 2002

2. Note: Diagnosed physical or mental condition with high probability of resulting in developmental delay, commonly referred to as "established conditions," is an eligibility category required under Part C and, thus, is not included in this table.

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Table 2: State and Jurisdictional Eligibility Definitions Under Part C of IDEA^{1,2}, *continued*

State	Level of Developmental Delay Required for Eligibility ³	Serving At-Risk	Comments
Maryland	25% delay in one or more areas; atypical development/ behavior	NO	Track and refer at-risk.
Massachusetts	Guideline: Developmental delay in one or more area: Age 6 months — 1.5 months delay Age 12 months — 3 months delay Age 18 months — 4 months delay Age 24 months — 6 months delay Age 30 months — 6 months delay	YES (biological and environmental)	Eligibility requires presence of five or more risk factors from either of two lists of child or family characteristics (operationally, presence of four risk factors required for eligibility).
Michigan	Informed clinical judgment of MDT and parents; multiple sources of information including developmental history, observational assessment, recent health status appraisal, and an appropriate formal assessment measure (standardized developmental test, inventory, or behavioral checklist).	NO	At-risk not entitled to services under Part C, but local service areas may choose to serve this population. Biological and environmental risk factors described; children are considered at risk for substantial developmental delay based on parental and/or professional judgment and presence of four or more risk factors.
Minnesota	A composite score of 1.5 SD in one area or if less than 18 months of age, a delay in motor development demonstrated by a composite score of 2.0 SD; and need for instruction and services supported by at least one documented, systematic observation in the child's daily routine setting; and corroboration of developmental evaluation or medical diagnosis with a developmental history and at least one other evaluation procedure which may include parent report, language sample, criterion-referenced instruments or developmental checklists	NO	Track and refer at-risk children.
Mississippi	1.5 SD or 25% delay in one or more areas; informed clinical opinion	NO	Will track and refer at-risk children.
Missouri	50% delay in one area or atypical development; professional judgment	NO	Extensive list of established conditions.

1. Source: Survey of Part C Coordinators and/or definition from most recent OSEP-approved application; data current as of March 2002

2. Note: Diagnosed physical or mental condition with high probability of resulting in developmental delay, commonly referred to as "established conditions," is an eligibility category required under Part C and, thus, is not included in this table.

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Table 2: State and Jurisdictional Eligibility Definitions Under Part C of IDEA^{1,2}, continued

State	Level of Developmental Delay Required for Eligibility ³	Serving At-Risk	Comments
Montana	50% delay in one area or 25% delay in two areas; informed clinical opinion	NO	Lists professionals qualified to assess each developmental area. Children at risk are served under the state-funded Family and Education Support discretionary program.
Nebraska	2.0 SD below the mean in one area; 1.3 SD below the mean in two areas or informed clinical opinion of qualified professionals in consultation with the family	NO	The terms "informed clinical opinion" and "defined qualified professionals" are defined.
Nevada	50% delay in one area or 25% delay in two areas, adjusted for gestational age less than 36 weeks	NO	
New Hampshire	Atypical behaviors documented by qualified personnel and the family; or 25% delay in one or more areas	YES (biological and environmental)	At risk means child is experiencing five or more conditions, events, or circumstances affecting the child or parent. List included.
New Jersey	33% delay in one area; 25% delay in two or more areas based on corrected age for infants born before 38 weeks gestation and applying until age 24 months	NO	Legal requirement to report children with birth defects to special child health registry and case management.
New Mexico	25% delay in one area after correction for prematurity; professional judgment/clinical opinion	YES (biological and environmental)	Biological Risk - early medical conditions as documented by a physician or other primary health care provider, which are known to produce developmental delays in some children; Environmental Risk - two or more physical, social and/or economic factors in the environment which pose a substantial threat to the child's development. The team which determines eligibility based on environmental risk must include representation from two or more agencies with relevant knowledge of the child, family and environmental risk factors. Professional judgment/clinical opinion.

1. Source: Survey of Part C Coordinators and/or definition from most recent OSEP-approved application; data current as of March 2002

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Table 2: State and Jurisdictional Eligibility Definitions Under Part C of IDEA^{1,2}, continued

State	Level of Developmental Delay Required for Eligibility ³	Serving At-Risk	Comments
New York	1) 12-month delay in one area, or 2) 33% delay in one area or 25% delay in two areas, or 3) 2 SD in one area or 1.5 SD in two areas, or 4) informed clinical opinion by MDT	NO	
North Carolina	1.5 SD in one area or 20% delay in months for birth to 36 months; atypical development	YES (biological and environmental)	At-risk called High Risk Potential and requires three risk indicators. Atypical development defined, including "substantiated physical, sexual abuse, and other environmental situations that raise significant concern regarding a child's emotional well-being."
North Dakota	50% delay in one area; 25% delay in two or more areas; informed clinical opinion	NO	
Northern Mariana Islands	25% delay in one or more developmental domains; or a child born with a chromosomal or metabolic condition that presents a high probability of a delay; clinical opinion of team members.	NO	
Ohio	Child has not reached developmental milestones for chronological age in one or more areas — a "measurable delay" (at least two standardized tools or measures); or informed clinical opinion	NO	List of established, biological, and environmental risk factors. Children at risk served through Ohio Early Start, an initiative of Ohio Family and Children First.
Oklahoma	50% delay in one area; 25% delay in two or more areas	NO	List of established conditions; child is eligible if condition appears on list; if condition is not on list, child is evaluated for developmental delay; if child does not exhibit delay consistent with eligibility criteria, decision is referred to state-level medical review committee.
Oregon	2 SD in one area; 1.5 SD in two or more areas; or meets the criteria for one of the disability categories in Oregon Administrative Rule (OAR) 581-015-0051	NO	
Palau — Currently not eligible for this federal program.			

1. Source: Survey of Part C Coordinators and/or definition from most recent OSEP-approved application; data current as of March 2002

2. Note: Diagnosed physical or mental condition with high probability of resulting in developmental delay, commonly referred to as "established conditions," is an eligibility category required under Part C and, thus, is not included in this table.

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Table 2: State and Jurisdictional Eligibility Definitions Under Part C of IDEA^{1,2}, *continued*

State	Level of Developmental Delay Required for Eligibility ³	Serving At-Risk	Comments
Pennsylvania	25% delay or 1.5 SD in one area; informed clinical opinion	NO	Children at risk are eligible for tracking and periodic screening. Defines at risk.
Puerto Rico	Quantitative and qualitative criteria listed for each area. <i>Growth development deviations:</i> percentiles specified <i>Motor skills:</i> 2.0 SD or 33% delay; 1.5 SD or 25% delay with other delays <i>Visual and hearing impairment:</i> clinical judgment <i>Cognitive:</i> 2.0 SD or 33% delay; 1.5 SD or 25% delay with other delays; developmental index between 1-2.0 SD plus consistent delays in other areas; informed clinical opinion based on atypical development or observed behaviors <i>Communication:</i> 2.0 SD or 33% delay; 1.5 SD or 25% delay with other delays; informed clinical opinion <i>Social-Emotional:</i> informed clinical opinion <i>Adaptive:</i> informed clinical opinion	NO	Tracking children at risk and periodic follow-up at at-risk-clinics; mostly medical (biological) risk factors.
Rhode Island	25% delay and/or 2.0 SD in one or more areas; 1.5 SD in two areas; or clinical opinion — significant and observable atypical behaviors	NO	Describes single and multiple established conditions. Single conditions involve diagnoses which are known to result in developmental delay. Multiple established conditions include all diagnoses, events, and circumstances which, in combination, are known to result in developmental delay. Definition does not include children who are at risk. List of child- and parent-centered conditions. Four or more positive findings are considered guidelines for eligibility.

1. Source: Survey of Part C Coordinators and/or definition from most recent OSEP-approved application; data current as of March 2002

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Table 2: State and Jurisdictional Eligibility Definitions Under Part C of IDEA^{1,2}, continued

State	Level of Developmental Delay Required for Eligibility ³	Serving At-Risk	Comments
South Carolina	2.0 SD or 30% delay in one area; 1.5 SD or 22% delay in two areas; informed clinical opinion; correction for prematurity for infants born at less than 38 weeks gestation made until age 2 years	NO	Table of established conditions with diagnostic criteria for eligibility. Specific guidelines for speech delays and hearing impairment included.
South Dakota	25% below normal age range or 6-month delay, or demonstrating at least a 1.5 SD delay in one or more areas	NO	.
Tennessee	25% delay in two or more areas; 40% delay in one area; informed clinical opinion	NO	List of established conditions.
Texas	Atypical development or delay in one or more areas (specific level of delay determined by test performance): Ages 2 months or less — documented atypical behaviors; Ages 2-12 months — 2-month delay in one area; Ages 13-24 months — 3-month delay in one area; Ages 25-36 months — 4-month delay in one area	NO	Adjustment for prematurity up to 12 months; may not adjust for more than 2 months prematurity; criteria for atypical development included.
Utah	More than 2.0 SD or below 2nd percentile in one area; more than 1.5 SD or below 7th percentile in two areas; more than 1.0 SD or below 16th percentile in three areas; clinical opinion	NO	Tracking and monitoring at-risk. List of established conditions.
Vermont	Clearly observable and measurable delay in one or more areas at the level that child's future success in home, school, or community cannot be assured without provision of early intervention services; clinical judgment including family input	NO	List of conditions at high probability for developmental delay. Exit criteria listed.

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Table 2: State and Jurisdictional Eligibility Definitions Under Part C of IDEA^{1,2}, continued

State	Level of Developmental Delay Required for Eligibility ³	Serving At-Risk	Comments
Virgin Islands	25% delay in one or more areas, standardized test scores of 1.5 SD below norm, or documented informed clinical opinion	NO	Criteria defined for informed clinical opinion: List of established conditions. Part C funds may be used to identify, evaluate and refer infants and toddlers at risk. Given available funds, periodic follow-up may be provided to determine if eligibility status has changed.
Virginia	25% delay in one area or atypical development; informed clinical opinion	NO	Tracking system for infants at high risk is currently being redesigned for statewide expansion. Atypical development defined. List of established conditions.
Washington	1.5 SD or 25% delay in one area; criteria listed for hearing and vision impairment	NO	Provides family resources coordination (FRC) for all families referred from the time a concern is identified through completion of evaluation/assessments. If this child is determined not to be eligible, FRC services are no longer continued. List of established conditions
West Virginia	A substantial developmental delay or atypical development in one or more areas, determined by a MDT including parents, and supported by observation, measurement, and/or clinical judgment.	YES (biological and environmental)	List of established conditions; at-risk category requires at least four risk factors; list of risk factors included.
Wisconsin	25% delay or 1.3 SD in one area; or atypical development as determined by MDT with informed clinical opinion.	NO	Atypical development defined. Established conditions determined by MDT with physician report. Examples of established conditions provided in state rule.
Wyoming	1.5 SD or 25% delay in one or more areas; clinical opinion	NO	

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Synthesis Brief

Part C Service Coordination: State Policies and Models

Synthesized by Joy Markowitz

Project FORUM at NASDSE

August 2001

Overview and Purpose

The Individuals with Disabilities Education Act (IDEA) requires "For each infant or toddler with a disability in the State, an individualized family service plan...including service coordination services in accordance with such service plan" [20 U.S.C. Sec. 1435(a)(4)]. Service coordination involves assisting a family in obtaining needed services and managing those services across agencies and people, as well as helping a family to understand and exercise their rights. IDEA requires the provision of service coordination but does not specify how it should be implemented. Therefore, state policy makers are free to decide which models of service coordination to use in their states.

The Research and Training Center on Service Coordination at the University of Connecticut Health Center¹ conducted a study to obtain a better understanding of service coordination at the state level, including roles of parents, values of key stakeholders, sources of funding, and the general approach to service provision in which service coordination is embedded. Survey data from 51 Part C

¹Collaborative partners include the Federation of Children with Special Needs, Indiana University, Orelana Hawks Puckett Institute in Morgantown, NC and University of North Carolina at Chapel Hill.

coordinators (50 states and the District of Columbia) were obtained between April and October 2000 and are presented in a report compiled by the Center. This document is a brief summary of the Center's survey data. The full report can be found at:

<<http://childandfamily.uchc.edu/research/resprod.htm>>

Findings

Satisfaction with Service Coordination Model

Most of the Part C coordinators (47 of 51 respondents) reported average or higher than average satisfaction with their service coordination model, and three of those reported that their model was working extremely well. Only four respondents expressed less than average satisfaction on a seven-point scale. Seventeen states are considering or are currently in the process of changing their service coordination model.

Values Related to Service Coordination

Part C coordinators rated how strongly four stakeholder groups—lead agency, state Interagency Coordinating Council, other state agencies, and local providers—hold values related to service coordination. Values were

measured over 17 items in such areas as enhancing outcomes and systems perspective. In general, coordinators reported being *most* knowledgeable about the values held by the lead agency and least knowledgeable about the values held by other relevant state agencies. Ratings indicated that the lead agency was perceived to hold values similar to the respondents regarding service coordination.

The perceived values were similar across stakeholder groups. For example, rated highly for all groups were the following two values: service coordination facilitates better outcomes for children and their families, and resources are more efficiently used when they are integrated. All four stakeholder groups were rated as having the highest values related to enhanced outcomes for children and their families, and having values consistent with a systems perspective. However, the degree to which these positive values were perceived to be held was often reported to be less than optimal.

System Entry

System entry involves intake, assessment and development of the individualized family service plan (IFSP). Part C coordinators reported eight different approaches to system entry. Thirteen coordinators reported that system entry varies from locality to locality, and 12 indicated that system entry is conducted by service providers from the lead agency. In the other states, a separate entity, a non-lead agency, an interagency team or a variety of entities perform system entry.

Twenty-seven of the Part C coordinators indicated that a system entry coordinator handles intake activities for children and their families. Others reported a variety of other approaches at the time of entry. Twenty-four indicated that a family member may serve as a service coordinator for children and families other than their own during the system entry process. In fifteen states, the same service coordinator remains with a child and family during intake and IFSP development and then continues as the service coordinator during service provision. The other states use a combination of approaches.

Role of Service Coordinator and Lead Agency

In 24 of the states, there is variability in the nature of the responsibilities of the service coordinator. Also, there is a lack of specificity in lead agencies' policies regarding the service coordination role.

In regard to the agency that provides service coordination, 20 states use an agency (whether under the direct auspices of the lead agency or contracted by them) that provides both service coordination and developmental intervention/therapies. The remainder of the states reported that a variety of agencies or a combination of agencies provides service coordination.

In 19 of the states, the lead agency is responsible for ensuring that a service coordinator is selected for each eligible child/family. Half of the states indicated that service coordination varies not only across communities, but within communities as well. Respondents from 24 states reported

that service coordinator selection is a partnership between the family and the professionals. Sixteen of the Part C coordinators indicated that selection of the service coordinator is determined locally.

Role of the Family

In 18 states, the family can be designated as the service coordinator as long as the family works in tandem with a service coordinator employed by an agency. In contrast, in 17 states, the family may never be designated as the service coordinator. In 10 states, families may serve as coordinators for other families. Families are never paid for performing service coordination duties in 31 states; however, in other states families may be paid if they serve as the service coordinator for another child and his or her family, but would not be paid for acting as their own child's service coordinator. Parent Training and Information (PTI) organizations are used by 45 states to provide information and support to families; however, few states use PTIs to assist in identifying families to serve as service coordinators.

The criterion selected as the most frequently used to select a service coordinator is current experience as a service coordinator for another child in the family. Other important criteria are parent choice and family comfort with the individual.

Role of Paraprofessionals

In 19 states paraprofessionals are permitted to serve as service coordinators, while in 18 states they are not

permitted to serve in this role. In the remaining 14 states, paraprofessionals may only serve as a service coordinator in collaboration with another professional.

State Policies Related to Service Coordination

In general, Part C coordinators reported that their state's policies contained about the same amount of specificity as federal policies on service coordination. However, in 12 states policies were deemed much more specific than federal policies regarding descriptions of *how* the service coordinator performs tasks, 32 states specify a *philosophy of service coordination*, and 29 specify *desired outcomes* of service coordination.

Thirty-six state policies do not address issues related to service coordination for multiple children in a family; however, 12 states specifically prohibit the use of multiple service coordinators for one family. Eight respondents reported that one service coordinator may serve all eligible Part C children in a family.

Thirty-four state policies provide little or no specificity in the area of interagency agreements and service coordination. Seven states provide very specific instructions in this area.

Twenty-four state policies specify or suggest the caseload size for service coordinators. Across these states, the suggested caseload is a mean of 38, with a range of 9 to 70.

Part C coordinators from 34 states reported that service coordinators sometimes support IDEA families who are also

receiving Temporary Assistance for Needy Families (TANF) to make their transition from welfare to work; and in five states coordinators always provide this support. Respondents indicated a stronger relationship with Title V-Services for Children with Special Health Care Needs (CSHCN), with 47 Part C coordinators reporting that they sometimes or always provide support to families whose children qualify for CSHCN. IFSPs do not always include supports and services provided by TANF, another indication of the nature of interagency coordination.

Monitoring at the Local Level

Thirty Part C coordinators reported that the process, problems, and/or outcomes of service coordination are a major focus of state monitoring of the local level. An additional 17 indicated that monitoring of service coordination occurs, but is not a major focus. In three states this is not addressed in local monitoring. In 16 states, monitoring teams include representatives of multiple agencies. Fifteen reported that only the state's lead agency conducts monitoring. Twenty-six states reported that families are included on their monitoring team.

Evaluation

Separate from, or in addition to, monitoring, 29 states collect additional evaluation data related to service coordination. The two methods most frequently used are surveys and interviews. Twenty-three states survey families, 11 survey service coordinators and service providers, and 10 survey multiple stakeholders from multiple agencies. Interviews are

most often conducted with service coordinators (17 states), families (16 states), and service providers (15 states). Focus groups with families, service coordinators, and service providers were used in fewer states—ten, nine and eight, respectively. To determine the effectiveness of service coordination for children, 37 respondents reported using parent report, 35 IFSPs, and 19 child outcome measures.

Funding Source

The most commonly reported sources of funding for primary service coordination are federal Part C funds (42 states), lead agency (37 states), and third party payers (28 states). Other funding sources mentioned include other state agencies (e.g., Developmental Disabilities and Mental Retardation, and Health), local funds, county funds, Title V, Child Care Block Grant, and home and community based waiver from Medicaid. Nearly two-thirds of the states obtain funds for service coordination from a combination of state and federal funds.

Level of Interagency Service Delivery Coordination

Part C coordinators selected from six options describing the amount of service delivery coordination with other community agencies. Options ranged from very little coordination with the bulk of services being provided by the lead agency, to an integrated collaborative service system where an interagency/inter-sector community group is prominent. Harbin and West (1998) previously described these options. Twenty-eight respondents selected the two middle options, indicating moderate levels of collaboration.

Discussion and Implications

The service coordination requirement in IDEA for individual children and their families is seen by many as one of the most important tools for improving the conditions of infants and toddlers with disabilities. However, the use of federal and state policies as vehicles to modify and reform service delivery has historically encountered many challenges. Some of the challenges include the lack of shared values and vision among stakeholders, professional resistance and the lack of skills, lack of policy and system models to guide in the adequate implementation of federal and state policies, and the lack of sufficient leadership to envision and build a comprehensive coordinated system.

Values

The importance of valuing service coordination as essential for infants, toddlers and their families seems critical to establishing a climate that is conducive to collaboration and service coordination. According to Part C coordinators, stakeholder groups in most states possess this value, but perhaps not as strongly as needed for optimum implementation. Overall, respondents from across the country perceive there to be a modest level of shared values among stakeholders. It appears that more work is needed at the state level in order to establish the level of shared values necessary to guide an adequate approach to service coordination. However, in most states, policy makers can build upon existing positive values.

Infrastructure

Current state policies lack specificity in many critical aspects of service coordination. In addition, state policies typically allow major approaches to, and policy decisions about, service coordination to be determined at the local level. The federal government elected to allow states to make these decisions and states have, in turn, passed on the decision making to localities. While this satisfies the desire for local autonomy, it raises concerns about uneven and inadequate implementation of the service coordination requirement.

Part C coordinators indicated that interagency agreements contain even less specificity than the lead agencies' policies. The lack of clear agreements regarding service coordination may be a substantial barrier to adequate implementation. In addition, the lack of authority accorded to service coordinators may make it extremely difficult, if not impossible, for them to perform the responsibilities required of them by law. In essence, the IFSP becomes the interagency/inter-provider agreement at the direct service level. Efforts must be made in many states to make sure that services and supports needed by a child and his/her family from other agencies are included on the IFSP.

Leadership

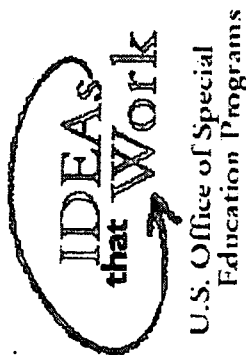
The role of leadership is an important ingredient in the successful development of a service delivery model (which includes service coordination) at both state and local levels (Harbin, McWilliam, & Gallagher, 2000). It is possible that

Part C coordinators and other stakeholders in leadership roles need additional information in order to improve their states' policies and infrastructure, in addition to providing leadership in developing shared values. Part C coordinators would benefit from adequate state models and technical assistance that address all elements needed to establish an adequate infrastructure for service coordination.

Through service coordination, Part C of the IDEA created the framework for addressing concerns about fragmented service delivery and burdens on families to find services to meet their children's needs. Survey data from the Research and Training Center on Service Coordination indicate that some progress has been made in coordinating services for individual children and families; however, much work is still needed to develop an adequate infrastructure to guide service coordination.

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Appendix A:

Part C of the IDEA Amendments of 1997

Part C of Public Law 105-17, the Individuals with Disabilities Education Act Amendments of 1997	A-1
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Early Intervention Program for Infants and Toddlers with Disabilities

Part C of the Individuals with Disabilities Education Act (IDEA)
20 U.S.C. Chapter 33, Sections 1431–1445, as amended by P.L. 105-17

20 USC 1431.

“SEC. 631. FINDINGS AND POLICY.

“(a) **FINDINGS.**—The Congress finds that there is an urgent and substantial need—

“(1) to enhance the development of infants and toddlers with disabilities and to minimize their potential for developmental delay;

“(2) to reduce the educational costs to our society, including our Nation’s schools, by minimizing the need for special education and related services after infants and toddlers with disabilities reach school age;

“(3) to minimize the likelihood of institutionalization of individuals with disabilities and maximize the potential for their independently living in society;

“(4) to enhance the capacity of families to meet the special needs of their infants and toddlers with disabilities; and

“(5) to enhance the capacity of State and local agencies and service providers to identify, evaluate, and meet the needs of historically underrepresented populations, particularly minority, low-income, inner-city, and rural populations.

“(b) **POLICY.**—It is therefore the policy of the United States to provide financial assistance to States—

“(1) to develop and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system that provides early intervention services for infants and toddlers with disabilities and their families;

“(2) to facilitate the coordination of payment for early intervention services from Federal, State, local, and private sources (including public and private insurance coverage);

“(3) to enhance their capacity to provide quality early intervention services and expand and improve existing early intervention services being provided to infants and toddlers with disabilities and their families; and

“(4) to encourage States to expand opportunities for children under 3 years of age who would be at risk of having substantial developmental delay if they did not receive early intervention services.

20 USC 1432.

“SEC. 632. DEFINITIONS.

“As used in this part:

“(1) **AT-RISK INFANT OR TODDLER.**—The term ‘at-risk infant or toddler’ means an individual under 3 years of age who would be at risk of experiencing a substantial developmental delay if early intervention services were not provided to the individual.

“(2) **COUNCIL.**—The term ‘council’ means a State interagency coordinating council established under section 641.

“(3) **DEVELOPMENTAL DELAY.**—The term ‘developmental delay’, when used with respect to an individual residing in a State, has the meaning given such term by the State under section 635(a)(1).

“(4) **EARLY INTERVENTION SERVICES.**—The term ‘early intervention services’ means developmental services that—

“(A) are provided under public supervision;

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"(B) are provided at no cost except where Federal or State law provides for a system of payments by families, including a schedule of sliding fees;

"(C) are designed to meet the developmental needs of an infant or toddler with a disability in any one or more of the following areas—

- "(i) physical development;
- "(ii) cognitive development;
- "(iii) communication development;
- "(iv) social or emotional development; or
- "(v) adaptive development;

"(D) meet the standards of the State in which they are provided, including the requirements of this part;

"(E) include—

- "(i) family training, counseling, and home visits;
- "(ii) special instruction;
- "(iii) speech-language pathology and audiology services;
- "(iv) occupational therapy;
- "(v) physical therapy;
- "(vi) psychological services;
- "(vii) service coordination services;
- "(viii) medical services only for diagnostic or evaluation purposes;
- "(ix) early identification, screening, and assessment services;
- "(x) health services necessary to enable the infant or toddler to benefit from the other early intervention services;
- "(xi) social work services;
- "(xii) vision services;
- "(xiii) assistive technology devices and assistive technology services; and
- "(xiv) transportation and related costs that are necessary to enable an infant or toddler and the infant's or toddler's family to receive another service described in this paragraph;

"(F) are provided by qualified personnel, including—

- "(i) special educators;
- "(ii) speech-language pathologists and audiologists;
- "(iii) occupational therapists;
- "(iv) physical therapists;
- "(v) psychologists;
- "(vi) social workers;
- "(vii) nurses;
- "(viii) nutritionists;
- "(ix) family therapists;
- "(x) orientation and mobility specialists; and
- "(xi) pediatricians and other physicians;

"(G) to the maximum extent appropriate, are provided in natural environments, including the home, and community settings in which children without disabilities participate; and

"(H) are provided in conformity with an individualized family service plan adopted in accordance with section 636.

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“(5) INFANT OR TODDLER WITH A DISABILITY.—The term ‘infant or toddler with a disability’—

“(A) means an individual under 3 years of age who needs early intervention services because the individual—

“(i) is experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures in one or more of the areas of cognitive development, physical development, communication development, social or emotional development, and adaptive development; or

“(ii) has a diagnosed physical or mental condition which has a high probability of resulting in developmental delay; and

“(B) may also include, at a State’s discretion, at-risk infants and toddlers.

Grants.
20 USC 1433.

“SEC. 633. GENERAL AUTHORITY.

“The Secretary shall, in accordance with this part, make grants to States (from their allotments under section 643) to assist each State to maintain and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system to provide early intervention services for infants and toddlers with disabilities and their families.

20 USC 1434.

“SEC. 634. ELIGIBILITY.

“In order to be eligible for a grant under section 633, a State shall demonstrate to the Secretary that the State—

“(1) has adopted a policy that appropriate early intervention services are available to all infants and toddlers with disabilities in the State and their families, including Indian infants and toddlers with disabilities and their families residing on a reservation geographically located in the State; and

“(2) has in effect a statewide system that meets the requirements of section 635.

20 USC 1435.

“SEC. 635. REQUIREMENTS FOR STATEWIDE SYSTEM.

“(a) IN GENERAL.—A statewide system described in section 633 shall include, at a minimum, the following components:

“(1) A definition of the term ‘developmental delay’ that will be used by the State in carrying out programs under this part.

“(2) A State policy that is in effect and that ensures that appropriate early intervention services are available to all infants and toddlers with disabilities and their families, including Indian infants and toddlers and their families residing on a reservation geographically located in the State.

“(3) A timely, comprehensive, multidisciplinary evaluation of the functioning of each infant or toddler with a disability in the State, and a family-directed identification of the needs of each family of such an infant or toddler, to appropriately assist in the development of the infant or toddler.

“(4) For each infant or toddler with a disability in the State, an individualized family service plan in accordance with section 636, including service coordination services in accordance with such service plan.

“(5) A comprehensive child find system, consistent with part B, including a system for making referrals to service

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providers that includes timelines and provides for participation by primary referral sources.

"(6) A public awareness program focusing on early identification of infants and toddlers with disabilities, including the preparation and dissemination by the lead agency designated or established under paragraph (10) to all primary referral sources, especially hospitals and physicians, of information for parents on the availability of early intervention services, and procedures for determining the extent to which such sources disseminate such information to parents of infants and toddlers.

"(7) A central directory which includes information on early intervention services, resources, and experts available in the State and research and demonstration projects being conducted in the State.

"(8) A comprehensive system of personnel development, including the training of paraprofessionals and the training of primary referral sources respecting the basic components of early intervention services available in the State, that is consistent with the comprehensive system of personnel development described in section 612(a)(14) and may include—

"(A) implementing innovative strategies and activities for the recruitment and retention of early education service providers;

"(B) promoting the preparation of early intervention providers who are fully and appropriately qualified to provide early intervention services under this part;

"(C) training personnel to work in rural and inner-city areas; and

"(D) training personnel to coordinate transition services for infants and toddlers served under this part from an early intervention program under this part to preschool or other appropriate services.

"(9) Subject to subsection (b), policies and procedures relating to the establishment and maintenance of standards to ensure that personnel necessary to carry out this part are appropriately and adequately prepared and trained, including—

"(A) the establishment and maintenance of standards which are consistent with any State-approved or recognized certification, licensing, registration, or other comparable requirements which apply to the area in which such personnel are providing early intervention services; and

"(B) to the extent such standards are not based on the highest requirements in the State applicable to a specific profession or discipline, the steps the State is taking to require the retraining or hiring of personnel that meet appropriate professional requirements in the State;

except that nothing in this part, including this paragraph, prohibits the use of paraprofessionals and assistants who are appropriately trained and supervised, in accordance with State law, regulations, or written policy, to assist in the provision of early intervention services to infants and toddlers with disabilities under this part.

"(10) A single line of responsibility in a lead agency designated or established by the Governor for carrying out—

"(A) the general administration and supervision of programs and activities receiving assistance under section 633, and the monitoring of programs and activities used by

the State to carry out this part, whether or not such programs or activities are receiving assistance made available under section 633, to ensure that the State complies with this part;

“(B) the identification and coordination of all available resources within the State from Federal, State, local, and private sources;

“(C) the assignment of financial responsibility in accordance with section 637(a)(2) to the appropriate agencies;

“(D) the development of procedures to ensure that services are provided to infants and toddlers with disabilities and their families under this part in a timely manner pending the resolution of any disputes among public agencies or service providers;

“(E) the resolution of intra- and interagency disputes; and

“(F) the entry into formal interagency agreements that define the financial responsibility of each agency for paying for early intervention services (consistent with State law) and procedures for resolving disputes and that include all additional components necessary to ensure meaningful cooperation and coordination.

“(11) A policy pertaining to the contracting or making of other arrangements with service providers to provide early intervention services in the State, consistent with the provisions of this part, including the contents of the application used and the conditions of the contract or other arrangements.

“(12) A procedure for securing timely reimbursements of funds used under this part in accordance with section 640(a).

“(13) Procedural safeguards with respect to programs under this part, as required by section 639.

“(14) A system for compiling data requested by the Secretary under section 618 that relates to this part.

“(15) A State interagency coordinating council that meets the requirements of section 641.

“(16) Policies and procedures to ensure that, consistent with section 636(d)(5)—

“(A) to the maximum extent appropriate, early intervention services are provided in natural environments; and

“(B) the provision of early intervention services for any infant or toddler occurs in a setting other than a natural environment only when early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment.

“(b) **POLICY.**—In implementing subsection (a)(9), a State may adopt a policy that includes making ongoing good-faith efforts to recruit and hire appropriately and adequately trained personnel to provide early intervention services to infants and toddlers with disabilities, including, in a geographic area of the State where there is a shortage of such personnel, the most qualified individuals available who are making satisfactory progress toward completing applicable course work necessary to meet the standards described in subsection (a)(9), consistent with State law within 3 years.

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"SEC. 636. INDIVIDUALIZED FAMILY SERVICE PLAN.

20 USC 1436.

"(a) **ASSESSMENT AND PROGRAM DEVELOPMENT.**—A statewide system described in section 633 shall provide, at a minimum, for each infant or toddler with a disability, and the infant's or toddler's family, to receive—

"(1) a multidisciplinary assessment of the unique strengths and needs of the infant or toddler and the identification of services appropriate to meet such needs;

"(2) a family-directed assessment of the resources, priorities, and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of the infant or toddler; and

"(3) a written individualized family service plan developed by a multidisciplinary team, including the parents, as required by subsection (e).

"(b) **PERIODIC REVIEW.**—The individualized family service plan shall be evaluated once a year and the family shall be provided a review of the plan at 6-month intervals (or more often where appropriate based on infant or toddler and family needs).

"(c) **PROMPTNESS AFTER ASSESSMENT.**—The individualized family service plan shall be developed within a reasonable time after the assessment required by subsection (a)(1) is completed. With the parents' consent, early intervention services may commence prior to the completion of the assessment.

"(d) **CONTENT OF PLAN.**—The individualized family service plan shall be in writing and contain—

"(1) a statement of the infant's or toddler's present levels of physical development, cognitive development, communication development, social or emotional development, and adaptive development, based on objective criteria;

"(2) a statement of the family's resources, priorities, and concerns relating to enhancing the development of the family's infant or toddler with a disability;

"(3) a statement of the major outcomes expected to be achieved for the infant or toddler and the family, and the criteria, procedures, and timelines used to determine the degree to which progress toward achieving the outcomes is being made and whether modifications or revisions of the outcomes or services are necessary;

"(4) a statement of specific early intervention services necessary to meet the unique needs of the infant or toddler and the family, including the frequency, intensity, and method of delivering services;

"(5) a statement of the natural environments in which early intervention services shall appropriately be provided, including a justification of the extent, if any, to which the services will not be provided in a natural environment;

"(6) the projected dates for initiation of services and the anticipated duration of the services;

"(7) the identification of the service coordinator from the profession most immediately relevant to the infant's or toddler's or family's needs (or who is otherwise qualified to carry out all applicable responsibilities under this part) who will be responsible for the implementation of the plan and coordination with other agencies and persons; and

"(8) the steps to be taken to support the transition of the toddler with a disability to preschool or other appropriate services.

"(e) PARENTAL CONSENT.—The contents of the individualized family service plan shall be fully explained to the parents and informed written consent from the parents shall be obtained prior to the provision of early intervention services described in such plan. If the parents do not provide consent with respect to a particular early intervention service, then the early intervention services to which consent is obtained shall be provided.

20 USC 1437.

"SEC. 637. STATE APPLICATION AND ASSURANCES.

"(a) APPLICATION.—A State desiring to receive a grant under section 633 shall submit an application to the Secretary at such time and in such manner as the Secretary may reasonably require. The application shall contain—

"(1) a designation of the lead agency in the State that will be responsible for the administration of funds provided under section 633;

"(2) a designation of an individual or entity responsible for assigning financial responsibility among appropriate agencies;

"(3) information demonstrating eligibility of the State under section 634, including—

"(A) information demonstrating to the Secretary's satisfaction that the State has in effect the statewide system required by section 633; and

"(B) a description of services to be provided to infants and toddlers with disabilities and their families through the system;

"(4) if the State provides services to at-risk infants and toddlers through the system, a description of such services;

"(5) a description of the uses for which funds will be expended in accordance with this part;

"(6) a description of the procedure used to ensure that resources are made available under this part for all geographic areas within the State;

"(7) a description of State policies and procedures that ensure that, prior to the adoption by the State of any other policy or procedure necessary to meet the requirements of this part, there are public hearings, adequate notice of the hearings, and an opportunity for comment available to the general public, including individuals with disabilities and parents of infants and toddlers with disabilities;

"(8) a description of the policies and procedures to be used—

"(A) to ensure a smooth transition for toddlers receiving early intervention services under this part to preschool or other appropriate services, including a description of how—

"(i) the families of such toddlers will be included in the transition plans required by subparagraph (C); and

"(ii) the lead agency designated or established under section 635(a)(1) will—

"(I) notify the local educational agency for the area in which such a child resides that the child will shortly reach the age of eligibility for preschool

services under part B, as determined in accordance with State law;

“(II) in the case of a child who may be eligible for such preschool services, with the approval of the family of the child, convene a conference among the lead agency, the family, and the local educational agency at least 90 days (and at the discretion of all such parties, up to 6 months) before the child is eligible for the preschool services, to discuss any such services that the child may receive; and

“(III) in the case of a child who may not be eligible for such preschool services, with the approval of the family, make reasonable efforts to convene a conference among the lead agency, the family, and providers of other appropriate services for children who are not eligible for preschool services under part B, to discuss the appropriate services that the child may receive;

“(B) to review the child’s program options for the period from the child’s third birthday through the remainder of the school year; and

“(C) to establish a transition plan; and

“(9) such other information and assurances as the Secretary may reasonably require.

“(b) ASSURANCES.—The application described in subsection (a)—

“(1) shall provide satisfactory assurance that Federal funds made available under section 643 to the State will be expended in accordance with this part;

“(2) shall contain an assurance that the State will comply with the requirements of section 640;

“(3) shall provide satisfactory assurance that the control of funds provided under section 643, and title to property derived from those funds, will be in a public agency for the uses and purposes provided in this part and that a public agency will administer such funds and property;

“(4) shall provide for—

“(A) making such reports in such form and containing such information as the Secretary may require to carry out the Secretary’s functions under this part; and

“(B) keeping such records and affording such access to them as the Secretary may find necessary to ensure the correctness and verification of those reports and proper disbursement of Federal funds under this part;

“(5) provide satisfactory assurance that Federal funds made available under section 643 to the State—

“(A) will not be commingled with State funds; and

“(B) will be used so as to supplement the level of State and local funds expended for infants and toddlers with disabilities and their families and in no case to supplant those State and local funds;

“(6) shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to ensure proper disbursement of, and accounting for, Federal funds paid under section 643 to the State;

"(7) shall provide satisfactory assurance that policies and procedures have been adopted to ensure meaningful involvement of underserved groups, including minority, low-income, and rural families, in the planning and implementation of all the requirements of this part; and

"(8) shall contain such other information and assurances as the Secretary may reasonably require by regulation.

"(c) STANDARD FOR DISAPPROVAL OF APPLICATION.—The Secretary may not disapprove such an application unless the Secretary determines, after notice and opportunity for a hearing, that the application fails to comply with the requirements of this section.

"(d) SUBSEQUENT STATE APPLICATION.—If a State has on file with the Secretary a policy, procedure, or assurance that demonstrates that the State meets a requirement of this section, including any policy or procedure filed under part H (as in effect before July 1, 1998), the Secretary shall consider the State to have met the requirement for purposes of receiving a grant under this part.

"(e) MODIFICATION OF APPLICATION.—An application submitted by a State in accordance with this section shall remain in effect until the State submits to the Secretary such modifications as the State determines necessary. This section shall apply to a modification of an application to the same extent and in the same manner as this section applies to the original application.

Applicability.

"(f) MODIFICATIONS REQUIRED BY THE SECRETARY.—The Secretary may require a State to modify its application under this section, but only to the extent necessary to ensure the State's compliance with this part, if—

"(1) an amendment is made to this Act, or a Federal regulation issued under this Act;

"(2) a new interpretation of this Act is made by a Federal court or the State's highest court; or

"(3) an official finding of noncompliance with Federal law or regulations is made with respect to the State.

20 USC 1438.

"SEC. 638. USES OF FUNDS.

"In addition to using funds provided under section 633 to maintain and implement the statewide system required by such section, a State may use such funds—

"(1) for direct early intervention services for infants and toddlers with disabilities, and their families, under this part that are not otherwise funded through other public or private sources;

"(2) to expand and improve on services for infants and toddlers and their families under this part that are otherwise available;

"(3) to provide a free appropriate public education, in accordance with part B, to children with disabilities from their third birthday to the beginning of the following school year; and

"(4) in any State that does not provide services for at-risk infants and toddlers under section 637(a)(4), to strengthen the statewide system by initiating, expanding, or improving collaborative efforts related to at-risk infants and toddlers, including establishing linkages with appropriate public or private community-based organizations, services, and personnel for the purposes of—

“(A) identifying and evaluating at-risk infants and toddlers;

“(B) making referrals of the infants and toddlers identified and evaluated under subparagraph (A); and

“(C) conducting periodic follow-up on each such referral to determine if the status of the infant or toddler involved has changed with respect to the eligibility of the infant or toddler for services under this part.

“SEC. 639. PROCEDURAL SAFEGUARDS.

20 USC 1439.

“(a) **MINIMUM PROCEDURES.**—The procedural safeguards required to be included in a statewide system under section 635(a)(13) shall provide, at a minimum, the following:

“(1) The timely administrative resolution of complaints by parents. Any party aggrieved by the findings and decision regarding an administrative complaint shall have the right to bring a civil action with respect to the complaint in any State court of competent jurisdiction or in a district court of the United States without regard to the amount in controversy. In any action brought under this paragraph, the court shall receive the records of the administrative proceedings, shall hear additional evidence at the request of a party, and, basing its decision on the preponderance of the evidence, shall grant such relief as the court determines is appropriate.

Records.

“(2) The right to confidentiality of personally identifiable information, including the right of parents to written notice of and written consent to the exchange of such information among agencies consistent with Federal and State law.

“(3) The right of the parents to determine whether they, their infant or toddler, or other family members will accept or decline any early intervention service under this part in accordance with State law without jeopardizing other early intervention services under this part.

“(4) The opportunity for parents to examine records relating to assessment, screening, eligibility determinations, and the development and implementation of the individualized family service plan.

“(5) Procedures to protect the rights of the infant or toddler whenever the parents of the infant or toddler are not known or cannot be found or the infant or toddler is a ward of the State, including the assignment of an individual (who shall not be an employee of the State lead agency, or other State agency, and who shall not be any person, or any employee of a person, providing early intervention services to the infant or toddler or any family member of the infant or toddler) to act as a surrogate for the parents.

“(6) Written prior notice to the parents of the infant or toddler with a disability whenever the State agency or service provider proposes to initiate or change or refuses to initiate or change the identification, evaluation, or placement of the infant or toddler with a disability, or the provision of appropriate early intervention services to the infant or toddler.

“(7) Procedures designed to ensure that the notice required by paragraph (6) fully informs the parents, in the parents' native language, unless it clearly is not feasible to do so, of all procedures available pursuant to this section.

“(8) The right of parents to use mediation in accordance with section 615(e), except that—

“(A) any reference in the section to a State educational agency shall be considered to be a reference to a State’s lead agency established or designated under section 635(a)(10);

“(B) any reference in the section to a local educational agency shall be considered to be a reference to a local service provider or the State’s lead agency under this part, as the case may be; and

“(C) any reference in the section to the provision of free appropriate public education to children with disabilities shall be considered to be a reference to the provision of appropriate early intervention services to infants and toddlers with disabilities.

“(b) **SERVICES DURING PENDENCY OF PROCEEDINGS.**—During the pendency of any proceeding or action involving a complaint by the parents of an infant or toddler with a disability, unless the State agency and the parents otherwise agree, the infant or toddler shall continue to receive the appropriate early intervention services currently being provided or, if applying for initial services, shall receive the services not in dispute.

20 USC 1440.

“SEC. 640. PAYOR OF LAST RESORT.

“(a) **NONSUBSTITUTION.**—Funds provided under section 643 may not be used to satisfy a financial commitment for services that would have been paid for from another public or private source, including any medical program administered by the Secretary of Defense, but for the enactment of this part, except that whenever considered necessary to prevent a delay in the receipt of appropriate early intervention services by an infant, toddler, or family in a timely fashion, funds provided under section 643 may be used to pay the provider of services pending reimbursement from the agency that has ultimate responsibility for the payment.

“(b) **REDUCTION OF OTHER BENEFITS.**—Nothing in this part shall be construed to permit the State to reduce medical or other assistance available or to alter eligibility under title V of the Social Security Act (relating to maternal and child health) or title XIX of the Social Security Act (relating to Medicaid for infants or toddlers with disabilities) within the State.

20 USC 1441.

“SEC. 641. STATE INTERAGENCY COORDINATING COUNCIL.

“(a) **ESTABLISHMENT.**—

“(1) **IN GENERAL.**—A State that desires to receive financial assistance under this part shall establish a State interagency coordinating council.

“(2) **APPOINTMENT.**—The council shall be appointed by the Governor. In making appointments to the council, the Governor shall ensure that the membership of the council reasonably represents the population of the State.

“(3) **CHAIRPERSON.**—The Governor shall designate a member of the council to serve as the chairperson of the council, or shall require the council to so designate such a member. Any member of the council who is a representative of the lead agency designated under section 635(a)(10) may not serve as the chairperson of the council.

“(b) **COMPOSITION.**—

“(1) **IN GENERAL.**—The council shall be composed as follows:

“(A) PARENTS.—At least 20 percent of the members shall be parents of infants or toddlers with disabilities or children with disabilities aged 12 or younger, with knowledge of, or experience with, programs for infants and toddlers with disabilities. At least one such member shall be a parent of an infant or toddler with a disability or a child with a disability aged 6 or younger.

“(B) SERVICE PROVIDERS.—At least 20 percent of the members shall be public or private providers of early intervention services.

“(C) STATE LEGISLATURE.—At least one member shall be from the State legislature.

“(D) PERSONNEL PREPARATION.—At least one member shall be involved in personnel preparation.

“(E) AGENCY FOR EARLY INTERVENTION SERVICES.—At least one member shall be from each of the State agencies involved in the provision of, or payment for, early intervention services to infants and toddlers with disabilities and their families and shall have sufficient authority to engage in policy planning and implementation on behalf of such agencies.

“(F) AGENCY FOR PRESCHOOL SERVICES.—At least one member shall be from the State educational agency responsible for preschool services to children with disabilities and shall have sufficient authority to engage in policy planning and implementation on behalf of such agency.

“(G) AGENCY FOR HEALTH INSURANCE.—At least one member shall be from the agency responsible for the State governance of health insurance.

“(H) HEAD START AGENCY.—At least one representative from a Head Start agency or program in the State.

“(I) CHILD CARE AGENCY.—At least one representative from a State agency responsible for child care.

“(2) OTHER MEMBERS.—The council may include other members selected by the Governor, including a representative from the Bureau of Indian Affairs, or where there is no BIA-operated or BIA-funded school, from the Indian Health Service or the tribe or tribal council.

“(c) MEETINGS.—The council shall meet at least quarterly and in such places as it deems necessary. The meetings shall be publicly announced, and, to the extent appropriate, open and accessible to the general public.

“(d) MANAGEMENT AUTHORITY.—Subject to the approval of the Governor, the council may prepare and approve a budget using funds under this part to conduct hearings and forums, to reimburse members of the council for reasonable and necessary expenses for attending council meetings and performing council duties (including child care for parent representatives), to pay compensation to a member of the council if the member is not employed or must forfeit wages from other employment when performing official council business, to hire staff, and to obtain the services of such professional, technical, and clerical personnel as may be necessary to carry out its functions under this part.

“(e) FUNCTIONS OF COUNCIL.—

“(1) DUTIES.—The council shall—

“(A) advise and assist the lead agency designated or established under section 635(a)(10) in the performance

of the responsibilities set forth in such section, particularly the identification of the sources of fiscal and other support for services for early intervention programs, assignment of financial responsibility to the appropriate agency, and the promotion of the interagency agreements;

“(B) advise and assist the lead agency in the preparation of applications and amendments thereto;

“(C) advise and assist the State educational agency regarding the transition of toddlers with disabilities to preschool and other appropriate services; and

Reports.

“(D) prepare and submit an annual report to the Governor and to the Secretary on the status of early intervention programs for infants and toddlers with disabilities and their families operated within the State.

“(2) AUTHORIZED ACTIVITY.—The council may advise and assist the lead agency and the State educational agency regarding the provision of appropriate services for children from birth through age 5. The council may advise appropriate agencies in the State with respect to the integration of services for infants and toddlers with disabilities and at-risk infants and toddlers and their families, regardless of whether at-risk infants and toddlers are eligible for early intervention services in the State.

“(f) CONFLICT OF INTEREST.—No member of the council shall cast a vote on any matter that would provide direct financial benefit to that member or otherwise give the appearance of a conflict of interest under State law.

20 USC 1442.

“SEC. 642. FEDERAL ADMINISTRATION.

“Sections 616, 617, and 618 shall, to the extent not inconsistent with this part, apply to the program authorized by this part, except that—

“(1) any reference in such sections to a State educational agency shall be considered to be a reference to a State’s lead agency established or designated under section 635(a)(10);

“(2) any reference in such sections to a local educational agency, educational service agency, or a State agency shall be considered to be a reference to an early intervention service provider under this part; and

“(3) any reference to the education of children with disabilities or the education of all children with disabilities shall be considered to be a reference to the provision of appropriate early intervention services to infants and toddlers with disabilities.

20 USC 1443.

“SEC. 643. ALLOCATION OF FUNDS.

“(a) RESERVATION OF FUNDS FOR OUTLYING AREAS.—

“(1) IN GENERAL.—From the sums appropriated to carry out this part for any fiscal year, the Secretary may reserve up to one percent for payments to Guam, American Samoa, the Virgin Islands, and the Commonwealth of the Northern Mariana Islands in accordance with their respective needs.

“(2) CONSOLIDATION OF FUNDS.—The provisions of Public Law 95-134, permitting the consolidation of grants to the outlying areas, shall not apply to funds those areas receive under this part.

“(b) PAYMENTS TO INDIANS.—

“(1) IN GENERAL.—The Secretary shall, subject to this subsection, make payments to the Secretary of the Interior to be distributed to tribes, tribal organizations (as defined under section 4 of the Indian Self-Determination and Education Assistance Act), or consortia of the above entities for the coordination of assistance in the provision of early intervention services by the States to infants and toddlers with disabilities and their families on reservations served by elementary and secondary schools for Indian children operated or funded by the Department of the Interior. The amount of such payment for any fiscal year shall be 1.25 percent of the aggregate of the amount available to all States under this part for such fiscal year.

“(2) ALLOCATION.—For each fiscal year, the Secretary of the Interior shall distribute the entire payment received under paragraph (1) by providing to each tribe, tribal organization, or consortium an amount based on the number of infants and toddlers residing on the reservation, as determined annually, divided by the total of such children served by all tribes, tribal organizations, or consortia.

“(3) INFORMATION.—To receive a payment under this subsection, the tribe, tribal organization, or consortium shall submit such information to the Secretary of the Interior as is needed to determine the amounts to be distributed under paragraph (2).

“(4) USE OF FUNDS.—The funds received by a tribe, tribal organization, or consortium shall be used to assist States in child find, screening, and other procedures for the early identification of Indian children under 3 years of age and for parent training. Such funds may also be used to provide early intervention services in accordance with this part. Such activities may be carried out directly or through contracts or cooperative agreements with the BIA, local educational agencies, and other public or private nonprofit organizations. The tribe, tribal organization, or consortium is encouraged to involve Indian parents in the development and implementation of these activities. The above entities shall, as appropriate, make referrals to local, State, or Federal entities for the provision of services or further diagnosis.

“(5) REPORTS.—To be eligible to receive a grant under paragraph (2), a tribe, tribal organization, or consortium shall make a biennial report to the Secretary of the Interior of activities undertaken under this subsection, including the number of contracts and cooperative agreements entered into, the number of children contacted and receiving services for each year, and the estimated number of children needing services during the 2 years following the year in which the report is made. The Secretary of the Interior shall include a summary of this information on a biennial basis to the Secretary of Education along with such other information as required under section 611(i)(3)(E). The Secretary of Education may require any additional information from the Secretary of the Interior.

“(6) PROHIBITED USES OF FUNDS.—None of the funds under this subsection may be used by the Secretary of the Interior for administrative purposes, including child count, and the provision of technical assistance.

“(c) STATE ALLOTMENTS.—

“(1) IN GENERAL.—Except as provided in paragraphs (2), (3), and (4), from the funds remaining for each fiscal year after the reservation and payments under subsections (a) and (b), the Secretary shall first allot to each State an amount that bears the same ratio to the amount of such remainder as the number of infants and toddlers in the State bears to the number of infants and toddlers in all States.

“(2) MINIMUM ALLOTMENTS.—Except as provided in paragraphs (3) and (4), no State shall receive an amount under this section for any fiscal year that is less than the greatest of—

“(A) one-half of one percent of the remaining amount described in paragraph (1); or

“(B) \$500,000.

“(3) SPECIAL RULE FOR 1998 AND 1999.—

“(A) IN GENERAL.—Except as provided in paragraph (4), no State may receive an amount under this section for either fiscal year 1998 or 1999 that is less than the sum of the amounts such State received for fiscal year 1994 under—

“(i) part H (as in effect for such fiscal year); and

“(ii) subpart 2 of part D of chapter 1 of title I of the Elementary and Secondary Education Act of 1965 (as in effect on the day before the date of the enactment of the Improving America's Schools Act of 1994) for children with disabilities under 3 years of age.

“(B) EXCEPTION.—If, for fiscal year 1998 or 1999, the number of infants and toddlers in a State, as determined under paragraph (1), is less than the number of infants and toddlers so determined for fiscal year 1994, the amount determined under subparagraph (A) for the State shall be reduced by the same percentage by which the number of such infants and toddlers so declined.

“(4) RATABLE REDUCTION.—

“(A) IN GENERAL.—If the sums made available under this part for any fiscal year are insufficient to pay the full amounts that all States are eligible to receive under this subsection for such year, the Secretary shall ratably reduce the allotments to such States for such year.

“(B) ADDITIONAL FUNDS.—If additional funds become available for making payments under this subsection for a fiscal year, allotments that were reduced under subparagraph (A) shall be increased on the same basis they were reduced.

“(5) DEFINITIONS.—For the purpose of this subsection—

“(A) the terms ‘infants’ and ‘toddlers’ mean children under 3 years of age; and

“(B) the term ‘State’ means each of the 50 States, the District of Columbia, and the Commonwealth of Puerto Rico.

“(d) REALLOTMENT OF FUNDS.—If a State elects not to receive its allotment under subsection (c), the Secretary shall reallocate, among the remaining States, amounts from such State in accordance with such subsection.

"SEC. 644. FEDERAL INTERAGENCY COORDINATING COUNCIL.

20 USC 1444.

"(a) ESTABLISHMENT AND PURPOSE.—

"(1) IN GENERAL.—The Secretary shall establish a Federal Interagency Coordinating Council in order to—

"(A) minimize duplication of programs and activities across Federal, State, and local agencies, relating to—

"(i) early intervention services for infants and toddlers with disabilities (including at-risk infants and toddlers) and their families; and

"(ii) preschool or other appropriate services for children with disabilities;

"(B) ensure the effective coordination of Federal early intervention and preschool programs and policies across Federal agencies;

"(C) coordinate the provision of Federal technical assistance and support activities to States;

"(D) identify gaps in Federal agency programs and services; and

"(E) identify barriers to Federal interagency cooperation.

"(2) APPOINTMENTS.—The council established under paragraph (1) (hereafter in this section referred to as the 'Council') and the chairperson of the Council shall be appointed by the Secretary in consultation with other appropriate Federal agencies. In making the appointments, the Secretary shall ensure that each member has sufficient authority to engage in policy planning and implementation on behalf of the department, agency, or program that the member represents.

"(b) COMPOSITION.—The Council shall be composed of—

"(1) a representative of the Office of Special Education Programs;

"(2) a representative of the National Institute on Disability and Rehabilitation Research and a representative of the Office of Educational Research and Improvement;

"(3) a representative of the Maternal and Child Health Services Block Grant Program;

"(4) a representative of programs administered under the Developmental Disabilities Assistance and Bill of Rights Act;

"(5) a representative of the Health Care Financing Administration;

"(6) a representative of the Division of Birth Defects and Developmental Disabilities of the Centers for Disease Control;

"(7) a representative of the Social Security Administration;

"(8) a representative of the special supplemental nutrition program for women, infants, and children of the Department of Agriculture;

"(9) a representative of the National Institute of Mental Health;

"(10) a representative of the National Institute of Child Health and Human Development;

"(11) a representative of the Bureau of Indian Affairs of the Department of the Interior;

"(12) a representative of the Indian Health Service;

"(13) a representative of the Surgeon General;

"(14) a representative of the Department of Defense;

"(15) a representative of the Children's Bureau, and a representative of the Head Start Bureau, of the Administration for Children and Families;

"(16) a representative of the Substance Abuse and Mental Health Services Administration;

"(17) a representative of the Pediatric AIDS Health Care Demonstration Program in the Public Health Service;

"(18) parents of children with disabilities age 12 or under (who shall constitute at least 20 percent of the members of the Council), of whom at least one must have a child with a disability under the age of 6;

"(19) at least two representatives of State lead agencies for early intervention services to infants and toddlers, one of whom must be a representative of a State educational agency and the other a representative of a non-educational agency;

"(20) other members representing appropriate agencies involved in the provision of, or payment for, early intervention services and special education and related services to infants and toddlers with disabilities and their families and preschool children with disabilities; and

"(21) other persons appointed by the Secretary.

"(c) MEETINGS.—The Council shall meet at least quarterly and in such places as the Council deems necessary. The meetings shall be publicly announced, and, to the extent appropriate, open and accessible to the general public.

"(d) FUNCTIONS OF THE COUNCIL.—The Council shall—

"(1) advise and assist the Secretary of Education, the Secretary of Health and Human Services, the Secretary of Defense, the Secretary of the Interior, the Secretary of Agriculture, and the Commissioner of Social Security in the performance of their responsibilities related to serving children from birth through age 5 who are eligible for services under this part or under part B;

"(2) conduct policy analyses of Federal programs related to the provision of early intervention services and special educational and related services to infants and toddlers with disabilities and their families, and preschool children with disabilities, in order to determine areas of conflict, overlap, duplication, or inappropriate omission;

"(3) identify strategies to address issues described in paragraph (2);

"(4) develop and recommend joint policy memoranda concerning effective interagency collaboration, including modifications to regulations, and the elimination of barriers to interagency programs and activities;

"(5) coordinate technical assistance and disseminate information on best practices, effective program coordination strategies, and recommendations for improved early intervention programming for infants and toddlers with disabilities and their families and preschool children with disabilities; and

"(6) facilitate activities in support of States' interagency coordination efforts.

"(e) CONFLICT OF INTEREST.—No member of the Council shall cast a vote on any matter that would provide direct financial benefit to that member or otherwise give the appearance of a conflict of interest under Federal law.

“(f) FEDERAL ADVISORY COMMITTEE ACT.—The Federal Advisory Committee Act (5 U.S.C. App.) shall not apply to the establishment or operation of the Council.

“SEC. 645. AUTHORIZATION OF APPROPRIATIONS.

20 USC 1445.

“For the purpose of carrying out this part, there are authorized to be appropriated \$400,000,000 for fiscal year 1998 and such sums as may be necessary for each of the fiscal years 1999 through 2002.

**“PART D—NATIONAL ACTIVITIES TO IMPROVE
EDUCATION OF CHILDREN WITH DISABILITIES**

**“Subpart 1—State Program Improvement Grants
for Children with Disabilities**

“SEC. 651. FINDINGS AND PURPOSE.

20 USC 1451.

“(a) FINDINGS.—The Congress finds the following:

“(1) States are responding with some success to multiple pressures to improve educational and transitional services and results for children with disabilities in response to growing demands imposed by ever-changing factors, such as demographics, social policies, and labor and economic markets.

“(2) In order for States to address such demands and to facilitate lasting systemic change that is of benefit to all students, including children with disabilities, States must involve local educational agencies, parents, individuals with disabilities and their families, teachers and other service providers, and other interested individuals and organizations in carrying out comprehensive strategies to improve educational results for children with disabilities.

“(3) Targeted Federal financial resources are needed to assist States, working in partnership with others, to identify and make needed changes to address the needs of children with disabilities into the next century.

“(4) State educational agencies, in partnership with local educational agencies and other individuals and organizations, are in the best position to identify and design ways to meet emerging and expanding demands to improve education for children with disabilities and to address their special needs.

“(5) Research, demonstration, and practice over the past 20 years in special education and related disciplines have built a foundation of knowledge on which State and local systemic-change activities can now be based.

“(6) Such research, demonstration, and practice in special education and related disciplines have demonstrated that an effective educational system now and in the future must—

“(A) maintain high academic standards and clear performance goals for children with disabilities, consistent with the standards and expectations for all students in the educational system, and provide for appropriate and effective strategies and methods to ensure that students who are children with disabilities have maximum opportunities to achieve those standards and goals;

“(B) create a system that fully addresses the needs of all students, including children with disabilities, by

Appendix B:
Federal Regulations for Part C of IDEA
34 CFR 303, regulations for Part C.

34 CFR Part 303, Early Intervention Program for Infants and Toddlers with Disabilities
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- 303.2 Eligible recipients of an award.
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AUTHORITY: 20 U.S.C. 1431-1445, unless otherwise noted.

SOURCE: 58 FR 40959, July 30, 1993, unless otherwise noted.

EDITORIAL NOTE: Nomenclature changes to part 303 appear at 63 FR 18293, Apr. 14, 1998.

Subpart A—General

PURPOSE, ELIGIBILITY, AND OTHER GENERAL PROVISIONS

§ 303.1 Purpose of the early intervention program for infants and toddlers with disabilities.

The purpose of this part is to provide financial assistance to States to—

(a) Maintain and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system of early intervention services for infants and toddlers with disabilities and their families;

(b) Facilitate the coordination of payment for early intervention services from Federal, State, local, and private sources (including public and private insurance coverage);

(c) Enhance the States' capacity to provide quality early intervention services and expand and improve existing early intervention services being provided to infants and toddlers with disabilities and their families; and

(d) Enhance the capacity of State and local agencies and service providers to identify, evaluate, and meet the needs of historically underrepresented populations, particularly minority, low-in-

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come, inner-city, and rural populations.

(Authority: 20 U.S.C. 1431)

[58 FR 40959, July 30, 1993, as amended at 63 FR 18293, Apr. 14, 1998; 64 FR 12535, Mar. 12, 1999]

§ 303.2 Eligible recipients of an award.

Eligible recipients include the 50 States, the Commonwealth of Puerto Rico, the District of Columbia, the Secretary of the Interior, and the following jurisdictions: Guam, American Samoa, the Virgin Islands, the Commonwealth of the Northern Mariana Islands.

(Authority: 20 U.S.C. 1401(27), 1443)

[58 FR 40959, July 30, 1993, as amended at 63 FR 18293, Apr. 14, 1998]

§ 303.3 Activities that may be supported under this part.

Funds under this part may be used for the following activities:

(a) To maintain and implement a statewide system of early intervention services for children eligible under this part and their families.

(b) For direct services for eligible children and their families that are not otherwise provided from other public or private sources.

(c) To expand and improve on services for eligible children and their families that are otherwise available, consistent with § 303.527.

(d) To provide a free appropriate public education, in accordance with part B of the Act, to children with disabilities from their third birthday to the beginning of the following school year.

(e) To strengthen the statewide system by initiating, expanding, or improving collaborative efforts related to at-risk infants and toddlers, including establishing linkages with appropriate public or private community-based organizations, services, and personnel for the purpose of—

(1) Identifying and evaluating at-risk infants and toddlers;

(2) Making referrals of the infants and toddlers identified and evaluated under paragraph (e)(1) of this section; and

(3) Conducting periodic follow-up on each referral under paragraph (e)(2) of this section to determine if the status

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of the infant or toddler involved has changed with respect to the eligibility of the infant or toddler for services under this part.

(Authority: 20 U.S.C. 1433 and 1438)

[58 FR 40959, July 30, 1993, as amended at 63 FR 18293, Apr. 14, 1998]

§ 303.4 Limitation on eligible children.

This part 303 does not apply to any child with disabilities receiving a free appropriate public education, in accordance with 34 CFR part 300, with funds received under 34 CFR part 301.

(Authority: 20 U.S.C. 1419(h))

§ 303.5 Applicable regulations.

(a) The following regulations apply to this part:

(1) The Education Department General Administrative Regulations (EDGAR), including—

(i) Part 76 (State Administered Programs), except for § 76.103;

(ii) Part 77 (Definitions that Apply to Department Regulations);

(iii) Part 79 (Intergovernmental Review of Department of Education Programs and Activities);

(iv) Part 80 (Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments);

(v) Part 81 (Grants and Cooperative Agreements under the General Education Provisions Act—Enforcement);

(vi) Part 82 (New Restrictions on Lobbying); and

(vii) Part 85 (Governmentwide Debarment and Suspension (Nonprocurement) and Governmentwide Requirements for Drug-Free Work Place (Grants)).

(2) The regulations in this part 303.

(3) The following regulations in 34 CFR part 300 (Assistance to States for the Education of Children with Disabilities Program): §§ 300.560-300.577, and §§ 300.580-300.585.

(b) In applying the regulations cited in paragraphs (a)(1) and (a)(3) of this section, any reference to—

(1) *State educational agency* means the lead agency under this part;

(2) *Special education, related services, free appropriate public education, free public education, or education* means

"early intervention services" under this part;

(3) *Participating agency*, when used in reference to a local educational agency or an intermediate educational agency, means a local service provider under this part;

(4) *Section 300.128* means §§ 303.164 and 303.321; and

(5) *Section 300.129* means § 303.460.

(Authority: 20 U.S.C. 1401, 1416, 1417)

[58 FR 40959, July 30, 1993, as amended at 63 FR 18294, Apr. 14, 1998, 64 FR 12535, Mar. 12, 1999]

DEFINITIONS

NOTE: Sections 303.6-303.24 contain definitions, including a definition of "natural environments" in § 303.18, that are used throughout these regulations. Other terms are defined in the specific subparts in which they are used. Below is a list of those terms and the specific sections in which they are defined:

Appropriate professional requirements in the State (§ 303.361(a)(1))

Assessment (§ 303.322(b)(2))

Consent (§ 303.401(a))

Evaluation (§ 303.322(b)(1))

Frequency and intensity (§ 303.344(d)(2)(i))

Highest requirements in the State applicable to a profession or discipline (§ 303.361(a)(2))

Individualized family service plan and IFSP (§ 303.340(b))

Impartial (§ 303.421(b))

Location (§ 303.344(d)(3))

Method (§ 303.344(d)(2)(ii))

Native language (§ 303.401(b))

Personally identifiable (§ 303.401(c))

Primary referral sources (§ 303.321(d)(3))

Profession or discipline (§ 303.361(a)(3))

Special definition of "aggregate amount" (§ 303.200(b)(1))

Special definition of "infants and toddlers" (§ 303.200(b)(2))

Special definition of "State" (§ 303.200(b)(3))

State approved or recognized certification, licensing, registration, or other comparable requirements (§ 303.361(a)(4))

§ 303.6 Act.

As used in this part, *Act* means the Individuals with Disabilities Education Act.

(Authority: 20 U.S.C. 1400)

§ 303.7 Children.

As used in this part, *children* means *infants and toddlers with disabilities* as that term is defined in § 303.16.

(Authority: 20 U.S.C. 1432(5))

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§ 303.8 Council.

As used in this part, *Council* means the State Interagency Coordinating Council.

(Authority: 20 U.S.C. 1432(2))

§ 303.9 Days.

As used in this part, *days* means calendar days.

(Authority: 20 U.S.C. 1431-1445)

§ 303.10 Developmental delay.

As used in this part, "developmental delay," when used with respect to an individual residing in a State, has the meaning given to that term under § 303.300.

(Authority: 20 U.S.C. 1432(3))

[64 FR 12535, Mar. 12, 1999]

§ 303.11 Early intervention program.

As used in this part, *early intervention program* means the total effort in a State that is directed at meeting the needs of children eligible under this part and their families.

(Authority: 20 U.S.C. 1431-1445)

§ 303.12 Early intervention services.

(a) *General.* As used in this part, *early intervention services* means services that—

(1) Are designed to meet the developmental needs of each child eligible under this part and the needs of the family related to enhancing the child's development;

(2) Are selected in collaboration with the parents;

(3) Are provided—

(i) Under public supervision;

(ii) By *qualified* personnel, as defined in § 303.21, including the types of personnel listed in paragraph (e) of this section;

(iii) In conformity with an individualized family service plan; and

(iv) At no cost, unless, subject to § 303.520(b)(3), Federal or State law provides for a system of payments by families, including a schedule of sliding fees; and

(4) Meet the standards of the State, including the requirements of this part.

(b) *Natural environments.* To the maximum extent appropriate to the needs of the child, early intervention services must be provided in natural environments, including the home and community settings in which children without disabilities participate.

(c) *General role of service providers.* To the extent appropriate, service providers in each area of early intervention services included in paragraph (d) of this section are responsible for—

(1) Consulting with parents, other service providers, and representatives of appropriate community agencies to ensure the effective provision of services in that area;

(2) Training parents and others regarding the provision of those services; and

(3) Participating in the multidisciplinary team's assessment of a child and the child's family, and in the development of integrated goals and outcomes for the individualized family service plan.

(d) *Types of services; definitions.* Following are types of services included under "early intervention services," and, if appropriate, definitions of those services:

(1) *Assistive technology device* means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities. *Assistive technology service* means a service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. Assistive technology services include—

(i) The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment;

(ii) Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;

(iii) Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices; .

(iv) Coordinating and using other therapies, interventions, or services with assistive technology devices, such

as those associated with existing education and rehabilitation plans and programs;

(v) Training or technical assistance for a child with disabilities or, if appropriate, that child's family; and

(vi) Training or technical assistance for professionals (including individuals providing early intervention services) or other individuals who provide services to or are otherwise substantially involved in the major life functions of individuals with disabilities.

(2) *Audiology* includes—

(i) Identification of children with auditory impairment, using at risk criteria and appropriate audiologic screening techniques;

(ii) Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;

(iii) Referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment;

(iv) Provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services;

(v) Provision of services for prevention of hearing loss; and

(vi) Determination of the child's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.

(3) *Family training, counseling, and home visits* means services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of a child eligible under this part in understanding the special needs of the child and enhancing the child's development.

(4) *Health services* (See § 303.13).

(5) *Medical services only for diagnostic or evaluation purposes* means services provided by a licensed physician to determine a child's developmental status and need for early intervention services.

(6) *Nursing services* includes—

(i) The assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems;

(ii) Provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and

(iii) Administration of medications, treatments, and regimens prescribed by a licensed physician.

(7) *Nutrition services* includes—

(i) Conducting individual assessments in—

(A) Nutritional history and dietary intake;

(B) Anthropometric, biochemical, and clinical variables;

(C) Feeding skills and feeding problems; and

(D) Food habits and food preferences;

(ii) Developing and monitoring appropriate plans to address the nutritional needs of children eligible under this part, based on the findings i. paragraph (d)(7)(i) of this section; and

(iii) Making referrals to appropriate community resources to carry out nutrition goals.

(8) *Occupational therapy* includes services to address the functional needs of a child related to adaptive development, adaptive behavior and play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community settings, and include—

(i) Identification, assessment, and intervention;

(ii) Adaptation of the environment, and selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and

(iii) Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.

(9) *Physical therapy* includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include—

(i) Screening, evaluation, and assessment of infants and toddlers to identify movement dysfunction;

(ii) Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and

(iii) Providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.

(10) *Psychological services* includes—

(i) Administering psychological and developmental tests and other assessment procedures;

(ii) Interpreting assessment results;

(iii) Obtaining, integrating, and interpreting information about child behavior, and child and family conditions related to learning, mental health, and development; and

(iv) Planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs.

(11) *Service coordination services* means assistance and services provided by a service coordinator to a child eligible under this part and the child's family that are in addition to the functions and activities included under § 303.23.

(12) *Social work services* includes—

(i) Making home visits to evaluate a child's living conditions and patterns of parent-child interaction;

(ii) Preparing a social or emotional developmental assessment of the child within the family context;

(iii) Providing individual and family-group counseling with parents and other family members, and appropriate social skill-building activities with the child and parents;

(iv) Working with those problems in a child's and family's living situation (home, community, and any center where early intervention services are provided) that affect the child's maximum utilization of early intervention services; and

(v) Identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services.

(13) *Special instruction* includes—

(i) The design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction;

(ii) Curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the child's individualized family service plan;

(iii) Providing families with information, skills, and support related to enhancing the skill development of the child; and

(iv) Working with the child to enhance the child's development.

(14) *Speech-language pathology* includes—

(i) Identification of children with communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills;

(ii) Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in development of communication skills; and

(iii) Provision of services for the habilitation, rehabilitation, or prevention of communicative or oropharyngeal disorders and delays in development of communication skills.

(15) *Transportation and related costs* includes the cost of travel (e.g., mileage, or travel by taxi, common carrier, or other means) and other costs (e.g., tolls and parking expenses) that are necessary to enable a child eligible under this part and the child's family to receive early intervention services.

(16) *Vision services* means—

(i) Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities;

(ii) Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual function: disorders, or both; and

(iii) Communication skills training, orientation and mobility training for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities.

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(e) *Qualified personnel.* Early intervention services must be provided by qualified personnel, including—

- (1) Audiologists;
- (2) Family therapists;
- (3) Nurses;
- (4) Nutritionists;
- (5) Occupational therapists;
- (6) Orientation and mobility specialists;
- (7) Pediatricians and other physicians;
- (8) Physical therapists;
- (9) Psychologists;
- (10) Social workers;
- (11) Special educators; and
- (12) Speech and language pathologists.

(Authority: 20 U.S.C. 1401(1) and (2); 1432(4))

NOTE: The lists of services in paragraph (d) and qualified personnel in paragraph (e) of this section are not exhaustive. Early intervention services may include such services as the provision of respite and other family support services. Qualified personnel may include such personnel as vision specialists, paraprofessionals, and parent-to-parent support personnel.

[58 FR 40959, July 30, 1993, as amended at 63 FR 18294, Apr. 14, 1998; 64 FR 12535; Mar. 12, 1999]

§ 303.13 Health services.

(a) As used in this part, *health services* means services necessary to enable a child to benefit from the other early intervention services under this part during the time that the child is receiving the other early intervention services.

(b) The term includes—

(1) Such services as clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services; and

(2) Consultation by physicians with other service providers concerning the special health care needs of eligible children that will need to be addressed in the course of providing other early intervention services.

(c) The term does not include the following:

- (i) Services that are—
 - (i) Surgical in nature (such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus); or
 - (ii) Purely medical in nature (such as hospitalization for management of con-

genital heart ailments, or the prescribing of medicine or drugs for any purpose).

(2) Devices necessary to control or treat a medical condition.

(3) Medical-health services (such as immunizations and regular "well-baby" care) that are routinely recommended for all children.

(Authority: 20 U.S.C. 1432(4))

NOTE: The definition in this section distinguishes between the health services that are required under this part and the medical-health services that are not required. The IFSP requirements in subpart D of this part provide that, to the extent appropriate, these other medical-health services are to be included in the IFSP, along with the funding sources to be used in paying for the services or the steps that will be taken to secure the services through public or private sources. Identifying these services in the IFSP does not impose an obligation to provide the services if they are otherwise not required to be provided under this part. (See § 303.344(e) and the note 3 following that section.)

§ 303.14 IFSP.

As used in this part, *IFSP* means the individualized family service plan, as that term is defined in § 303.340(b).

(Authority: 20 U.S.C. 1436)

§ 303.15 Include; including.

As used in this part, *include* or *including* means that the items named are not all of the possible items that are covered whether like or unlike the ones named.

(Authority: 20 U.S.C. 1431-1445)

§ 303.16 Infants and toddlers with disabilities.

(a) As used in this part, *infants and toddlers with disabilities* means individuals from birth through age two who need early intervention services because they—

- (i) Are experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas:
 - (i) Cognitive development.
 - (ii) Physical development, including vision and hearing.
 - (iii) Communication development.
 - (iv) Social or emotional development.
 - (v) Adaptive development; or

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(2) Have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay.

(b) The term may also include, at a State's discretion, children from birth through age two who are at risk of having substantial developmental delays if early intervention services are not provided.

(Authority: 20 U.S.C. 1432(5))

NOTE 1: The phrase "a diagnosed physical or mental condition that has a high probability of resulting in developmental delay," as used in paragraph (a)(2) of this section, applies to a condition if it typically results in developmental delay. Examples of these conditions include chromosomal abnormalities; genetic or congenital disorders; severe sensory impairments, including hearing and vision; inborn errors of metabolism; disorders reflecting disturbance of the development of the nervous system; congenital infections; disorders secondary to exposure to toxic substances, including fetal alcohol syndrome; and severe attachment disorders.

NOTE 2: With respect to paragraph (b) of this section, children who are at risk may be eligible under this part if a State elects to extend services to that population, even though they have not been identified as disabled.

Under this provision, States have the authority to define who would be "at risk of having substantial developmental delays if early intervention services are not provided." In defining the "at risk" population, States may include well-known biological and environmental factors that can be identified and that place infants and toddlers "at risk" for developmental delay. Commonly cited factors include low birth weight, respiratory distress as a newborn, lack of oxygen, brain hemorrhage, infection, nutritional deprivation, and a history of abuse or neglect. It should be noted that "at risk" factors do not predict the presence of a barrier to development, but they may indicate children who are at higher risk of developmental delay than children without these problems.

§ 303.17 Multidisciplinary.

As used in this part, *multidisciplinary* means the involvement of two or more disciplines or professions in the provision of integrated and coordinated services, including evaluation and assessment activities in § 303.322 and development of the IFSP in § 303.342.

(Authority: 20 U.S.C. 1435(a)(3), 1436(a))

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§ 303.18 Natural environments.

As used in this part, *natural environments* means settings that are natural or normal for the child's age peers who have no disabilities.

(Authority: 20 U.S.C. 1435 and 1436)

[63 FR 18294, Apr. 14, 1998]

§ 303.19 Parent.

(a) *General.* As used in this part, "parent" means—

(1) A natural or adoptive parent of a child;

(2) A guardian;

(3) A person acting in the place of a parent (such as a grandparent or step-parent with whom the child lives, or a person who is legally responsible for the child's welfare); or

(4) A surrogate parent who has been assigned in accordance with § 303.406.

(b) *Foster parent.* Unless State law prohibits a foster parent from acting as a parent, a State may allow a foster parent to act as a parent under Part C of the Act if—

(1) The natural parents' authority to make the decisions required of parents under the Act has been extinguished under State law; and

(2) The foster parent—

(i) Has an ongoing, long-term parental relationship with the child;

(ii) Is willing to make the decisions required of parents under the Act; and

(iii) Has no interest that would conflict with the interests of the child.

(Authority: 20 U.S.C. 1401(19), 1431-1445)

[64 FR 12535, Mar. 12, 1999]

§ 303.20 Policies.

(a) As used in this part, *policies* means State statutes, regulations, Governor's orders, directives by the lead agency, or other written documents that represent the State's position concerning any matter covered under this part.

(b) State policies include—

(1) A State's commitment to maintain the statewide system (see § 303.140);

(2) A State's eligibility criteria and procedures (see § 303.300);

(3) A statement that, consistent with § 303.520(b), provides that services under this part will be provided at no cost to

parents, except where a system of payments is provided for under Federal or State law.

(4) A State's standards for personnel who provide services to children eligible under this part (see § 303.361);

(5) A State's position and procedures related to contracting or making other arrangements with service providers under subpart F of this part; and

(6) Other positions that the State has adopted related to implementing any of the other requirements under this part.

(Authority: 20 U.S.C. 1431-1445)

[58 FR 40959, July 30, 1993. Redesignated and amended at 63 FR 18294, Apr. 14, 1998]

§ 303.21 Public agency.

As used in this part, *public agency* includes the lead agency and any other political subdivision of the State that is responsible for providing early intervention services to children eligible under this part and their families.

(Authority: 20 U.S.C. 1431-1445)

[58 FR 40959, July 30, 1993. Redesignated at 63 FR 18294, Apr. 14, 1998]

§ 303.22 Qualified.

As used in this part, *qualified* means that a person has met State approved or recognized certification, licensing, registration, or other comparable requirements that apply to the area in which the person is providing early intervention services.

(Authority: 20 U.S.C. 1432(4))

NOTE: These regulations contain the following provisions relating to a State's responsibility to ensure that personnel are qualified to provide early intervention services:

1. Section 303.12(a)(4) provides that early intervention services must meet State standards. This provision implements a requirement that is similar to a longstanding provision under part B of the Act (i.e., that the State educational agency establish standards and ensure that those standards are currently met for all programs providing special education and related services).

2. Section 303.12(a)(3)(ii) provides that early intervention services must be provided by qualified personnel.

3. Section 303.361(b) requires statewide systems to have policies and procedures relating to personnel standards.

[58 FR 40959, July 30, 1993. Redesignated at 63 FR 18294, Apr. 14, 1998]

§ 303.23 Service coordination (case management).

(a) *General.* (1) As used in this part, except in § 303.12(d)(11), *service coordination* means the activities carried out by a service coordinator to assist and enable a child eligible under this part and the child's family to receive the rights, procedural safeguards, and services that are authorized to be provided under the State's early intervention program.

(2) Each child eligible under this part and the child's family must be provided with one service coordinator who is responsible for—

(i) Coordinating all services across agency lines; and

(ii) Serving as the single point of contact in helping parents to obtain the services and assistance they need.

(3) Service coordination is an active, ongoing process that involves—

(i) Assisting parents of eligible children in gaining access to the early intervention services and other services identified in the individualized family service plan;

(ii) Coordinating the provision of early intervention services and other services (such as medical services for other than diagnostic and evaluation purposes) that the child needs or is being provided;

(iii) Facilitating the timely delivery of available services; and

(iv) Continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child's eligibility.

(b) *Specific service coordination activities.* Service coordination activities include—

(1) Coordinating the performance of evaluations and assessments;

(2) Facilitating and participating in the development, review, and evaluation of individualized family service plans;

(3) Assisting families in identifying available service providers;

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(4) Coordinating and monitoring the delivery of available services;

(5) Informing families of the availability of advocacy services;

(6) Coordinating with medical and health providers; and

(7) Facilitating the development of a transition plan to preschool services, if appropriate.

(c) *Employment and assignment of service coordinators.* (1) Service coordinators may be employed or assigned in any way that is permitted under State law, so long as it is consistent with the requirements of this part.

(2) A State's policies and procedures for implementing the statewide system of early intervention services must be designed and implemented to ensure that service coordinators are able to effectively carry out on an interagency basis the functions and services listed under paragraphs (a) and (b) of this section.

(d) *Qualifications of service coordinators.* Service coordinators must be persons who, consistent with § 303.344(g), have demonstrated knowledge and understanding about—

(1) Infants and toddlers who are eligible under this part;

(2) Part C of the Act and the regulations in this part; and

(3) The nature and scope of services available under the State's early intervention program, the system of payments for services in the State, and other pertinent information.

(Authority: 20 U.S.C. 1432(4))

NOTE 1: If States have existing service coordination systems, the States may use or adapt those systems, so long as they are consistent with the requirements of this part.

NOTE 2: The legislative history of the 1991 amendments to the Act indicates that the use of the term "service coordination" was not intended to affect the authority to seek reimbursement for services provided under Medicaid or any other legislation that makes reference to "case management" services. See H.R. Rep. No. 198, 102d Cong., 1st Sess. 12 (1991); S. Rep. No. 84, 102d Cong., 1st Sess. 20 (1991).

[58 FR 40959, July 30, 1993. Redesignated at 63 FR 18294, Apr. 14, 1998]

§ 303.24 State.

Except as provided in § 303.200(b)(3), *State* means each of the 50 States, the Commonwealth of Puerto Rico, the

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District of Columbia, and the jurisdictions of Guam, American Samoa, the Virgin Islands, the Commonwealth of the Northern Mariana Islands.

(Authority: 20 U.S.C. 1401(27))

[58 FR 40959, July 30, 1993. Redesignated and amended at 63 FR 18294, Apr. 14, 1998]

§ 303.25 EDGAR definitions that apply.

The following terms used in this part are defined in 34 CFR 77.1:

Applicant
Award
Contract
Department
EDGAR
Fiscal year
Grant
Grantee
Grant period
Private
Public
Secretary

(Authority: 20 U.S.C. 1431-1445)

[58 FR 40959, July 30, 1993. Redesignated at 63 FR 18294, Apr. 14, 1998]

Subpart B—State Application for a Grant

GENERAL REQUIREMENTS

§ 303.100 Conditions of assistance.

(a) In order to receive funds under this part for any fiscal year, a State must have—

(1) An approved application that contains the information required in this part, including—

(i) The information required in §§ 303.140 through 303.148; and

(ii) The information required in §§ 303.161 through 303.176; and

(2) The statement of assurances required under §§ 303.120 through 303.128, on file with the Secretary.

(b) If a State has on file with the Secretary a policy, procedure, or assurance that demonstrates that the State meets an application requirement, including any policy or procedure filed under this part before July 1, 1998, that meets such a requirement, the Secretary considers the State to have met that requirement for purposes of receiving a grant under this part.

(c) An application that meets the requirements of this part remains in

zeffect until the State submits to the Secretary modifications of that application.

(d) The Secretary may require a State to modify its application under this part to the extent necessary to ensure the State's compliance with this part if—

(1) An amendment is made to the Act, or to a regulation under this part;

(2) A new interpretation is made of the Act by a Federal court or the State's highest court; or

(3) An official finding of noncompliance with Federal law or regulations is made with respect to the State.

(Authority: 20 U.S.C. 1434 and 1437)

[63 FR 18294, Apr. 14, 1998, as amended at 64 FR 12535, Mar. 12, 1999]

§ 303.101 How the Secretary disapproves a State's application or statement of assurances.

The Secretary follows the procedures in 34 CFR 300.581 through 300.586 before disapproving a State's application or statement of assurances submitted under this part.

(Authority: 20 U.S.C. 1437)

PUBLIC PARTICIPATION

§ 303.110 General requirements and timelines for public participation.

(a) Before submitting to the Secretary its application under this part, and before adopting a new or revised policy that is not in its current application, a State shall—

(1) Publish the application or policy in a manner that will ensure circulation throughout the State for at least a 60-day period, with an opportunity for comment on the application or policy for at least 30 days during that period;

(2) Hold public hearings on the application or policy during the 60-day period required in paragraph (a)(1) of this section; and

(3) Provide adequate notice of the hearings required in paragraph (a)(2) of this section at least 30 days before the dates that the hearings are conducted.

(b) A State may request the Secretary to waive compliance with the timelines in paragraph (a) of this section. The Secretary grants the request if the State demonstrates that—

(1) There are circumstances that would warrant such an exception; and

(2) The timelines that will be followed provide an adequate opportunity for public participation and comment.

(Authority: 20 U.S.C. 1437(a)(3))

§ 303.111 Notice of public hearings and opportunity to comment.

The notice required in § 303.110(a)(3) must—

(a) Be published in newspapers or announced in other media, or both, with coverage adequate to notify the general public, including individuals with disabilities and parents of infants and toddlers with disabilities, throughout the State about the hearings and opportunity to comment on the application or policy; and

(b) Be in sufficient detail to inform the public about—

(1) The purpose and scope of the State application or policy, and its relationship to part C of the Act;

(2) The length of the comment period and the date, time, and location of each hearing; and

(3) The procedures for providing oral comments or submitting written comments.

(Authority: 20 U.S.C. 1437(a)(7))

[58 FR 40959, July 30, 1993, as amended at 63 FR 18294, Apr. 14, 1998]

§ 303.112 Public hearings.

Each State shall hold public hearings in a sufficient number and at times and places that afford interested parties throughout the State a reasonable opportunity to participate.

(Authority: 20 U.S.C. 1437(a)(7))

§ 303.113 Reviewing public comments received.

(a) *Review of comments.* Before adopting its application, and before the adoption of a new or revised policy not in the application, the lead agency shall—

(1) Review and consider all public comments; and

(2) Make any modifications it deems necessary in the application or policy.

(b) *Submission to the Secretary.* In submitting the State's application or policy to the Secretary, the lead agency shall include copies of news releases,

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advertisements, and announcements used to provide notice to the general public, including individuals with disabilities and parents of infants and toddlers with disabilities.

(Authority: 20 U.S.C. 1437(a)(7))

[58 FR 40959, July 30, 1993, as amended at 63 FR 18294, Apr. 14, 1998]

STATEMENT OF ASSURANCES

§ 303.120 General.

(a) A State's statement of assurances must contain the information required in §§ 303.121 through 303.128.

(b) Unless otherwise required by the Secretary, the statement is submitted only once, and remains in effect throughout the term of a State's participation under this part.

(c) A State may submit a revised statement of assurances if the statement is consistent with the requirements in §§ 303.121 through 303.128.

(Authority: 20 U.S.C. 1437(b))

§ 303.121 Reports and records.

The statement must provide for—

(a) Making reports in such form and containing such information as the Secretary may require; and

(b) Keeping such records and affording such access to those records as the Secretary may find necessary to assure compliance with the requirements of this part, the correctness and verification of reports, and the proper disbursement of funds provided under this part.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1437(b)(4))

§ 303.122 Control of funds and property.

The statement must provide assurance satisfactory to the Secretary that—

(a) The control of funds provided under this part, and title to property acquired with those funds, will be in a public agency for the uses and purposes provided in this part; and

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(b) A public agency will administer the funds and property.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1437(b)(3))

§ 303.123 Prohibition against commingling.

The statement must include an assurance satisfactory to the Secretary that funds made available under this part will not be commingled with State funds.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1437(b)(5)(A))

NOTE: As used in this part, *commingle* means depositing or recording funds in a general account without the ability to identify each specific source of funds for any expenditure. Under that general definition, it is clear that commingling is prohibited. However, to the extent that the funds from each of a series of Federal, State, local, and private funding sources can be identified—with a clear audit trail for each source—it is appropriate for those funds to be consolidated for carrying out a common purpose. In fact, a State may find it essential to set out a funding plan that incorporates, and accounts for, all sources of funds that can be targeted on a given activity or function related to the State's early intervention program.

Thus, the assurance in this section is satisfied by the use of an accounting system that includes an "audit trail" of the expenditure of funds awarded under this part. Separate bank accounts are not required.

§ 303.124 Prohibition against supplanting.

(a) The statement must include an assurance satisfactory to the Secretary that Federal funds made available under this part will be used to supplement the level of State and local funds expended for children eligible under this part and their families and in no case to supplant those State and local funds.

(b) To meet the requirement in paragraph (a) of this section, the total amount of State and local funds budgeted for expenditures in the current fiscal year for early intervention services for children eligible under this part and their families must be at least equal to the total amount of State and local

funds actually expended for early intervention services for these children and their families in the most recent preceding fiscal year for which the information is available. Allowance may be made for—

(1) Decreases in the number of children who are eligible to receive early intervention services under this part; and

(2) Unusually large amounts of funds expended for such long-term purposes as the acquisition of equipment and the construction of facilities.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1437(b)(5)(B))

[58 FR 40959, July 30, 1993, as amended at 63 FR 18294, Apr. 14, 1998]

§ 303.125 Fiscal control.

The statement must provide assurance satisfactory to the Secretary that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this part.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1437(b)(6))

§ 303.126 Payor of last resort.

The statement must include an assurance satisfactory to the Secretary that the State will comply with the provisions in § 303.527, including the requirements on—

(a) Nonsubstitution of funds; and

(b) Non-reduction of other benefits.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1437(b)(2))

§ 303.127 Assurance regarding expenditure of funds.

The statement must include an assurance satisfactory to the Secretary that the funds paid to the State under this part will be expended in accordance with the provisions of this part, including the requirements in § 303.3.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1437(b)(1))

§ 303.128 Traditionally underserved groups.

The statement must include an assurance satisfactory to the Secretary that policies and practices have been adopted to ensure—

(a) That traditionally underserved groups, including minority, low-income, and rural families, are meaningfully involved in the planning and implementation of all the requirements of this part; and

(b) That these families have access to culturally competent services within their local geographical areas.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1437(b)(7))

GENERAL REQUIREMENTS FOR A STATE APPLICATION

§ 303.140 General.

A State's application under this part must contain information and assurances demonstrating to the satisfaction of the Secretary that—

(a) The statewide system of early intervention services required in this part is in effect; and

(b) A State policy is in effect that ensures that appropriate early intervention services are available to all infants and toddlers with disabilities in the State and their families, including Indian infants and toddlers with disabilities and their families residing on a reservation geographically located in the State.

(Authority: 20 U.S.C. 1434 and 1435(a)(2))

[63 FR 18294, Apr. 14, 1998, as amended at 64 FR 12535, Mar. 12, 1999]

§ 303.141 Information about the Council.

Each application must include information demonstrating that the State has established a State Interagency Coordinating Council that meets the requirements of subpart C of this part.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1437(a)(3))

§ 303.142 Designation of lead agency.

Each application must include a designation of the lead agency in the

§ 303.143

State that will be responsible for the administration of funds provided under this part.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1437(a)(1))

§ 303.143 Designation regarding financial responsibility.

Each application must include a designation by the State of an individual or entity responsible for assigning financial responsibility among appropriate agencies.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1437(a)(2))

§ 303.144 Assurance regarding use of funds.

Each application must include an assurance that funds received under this part will be used to assist the State to maintain and implement the statewide system required under subparts D through F of this part.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1475, 1437(a)(3))

[58 FR 40959, July 30, 1993, as amended at 63 FR 18294, Apr. 14, 1998]

§ 303.145 Description of use of funds.

(a) *General.* Each application must include a description of how a State proposes to use its funds under this part for the fiscal year or years covered by the application. The description must be presented separately for the lead agency and the Council, and include the information required in paragraphs (b) through (e) of this section.

(b) *Administrative positions.* Each application must include—

(1) A list of administrative positions, with salaries, and a description of the duties for each person whose salary is paid in whole or in part with funds awarded under this part; and

(2) For each position, the percentage of salary paid with those funds.

(c) *Maintenance and implementation activities.* Each application must include—

(1) A description of the nature and scope of each major activity to be carried out under this part in maintaining

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and implementing the statewide system of early intervention services; and

(2) The approximate amount of funds to be spent for each activity.

(d) *Direct services.* (1) Each application must include a description of any direct services that the State expects to provide to eligible children and their families with funds under this part, including a description of any services provided to at-risk infants and toddlers as defined in § 303.16(b), and their families, consistent with §§ 303.521 and 303.527.

(2) The description must include information about each type of service to be provided, including—

(i) A summary of the methods to be used to provide the service (e.g., contracts or other arrangements with specified public or private organizations); and

(ii) The approximate amount of funds under this part to be used for the service.

(e) *At-risk infants and toddlers.* For any State that does not provide direct services for at-risk infants and toddlers described in paragraph (d)(1) of this section, but chooses to use funds as described in § 303.3(e), each application must include a description of how those funds will be used.

(f) *Activities by other agencies.* If other agencies are to receive funds under this part, the application must include—

(1) The name of each agency expected to receive funds;

(2) The approximate amount of funds each agency will receive; and

(3) A summary of the purposes for which the funds will be used.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1437(a)(3) and (a)(5))

[58 FR 40959, July 30, 1993, as amended at 63 FR 18294, Apr. 14, 1998; 64 FR 12535, Mar. 12, 1999]

§ 303.146 Information about public participation.

Each application must include the information on public participation that is required in § 303.113(b).

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1437(a)(7))

§ 303.147 Services to all geographic areas.

Each application must include a description of the procedure used to ensure that resources are made available under this part for all geographic areas within the State.

(Authority: 20 U.S.C. 1437(a)(6))

[63 FR 18294, Apr. 14, 1998]

§ 303.148 Transition to preschool programs.

Each application must include a description of the policies and procedures to be used to ensure a smooth transition for children receiving early intervention services under this part to preschool or other appropriate services, including—

(a) A description of how the families will be included in the transition plans;

(b) A description of how the lead agency under this part will—

(1) Notify the local educational agency for the area in which the child resides that the child will shortly reach the age of eligibility for preschool services under Part B of the Act, as determined in accordance with State law;

(2)(i) In the case of a child who may be eligible for preschool services under Part B of the Act, with the approval of the family of the child, convene a conference among the lead agency, the family, and the local educational agency at least 90 days, and at the discretion of the parties, up to 6 months, before the child is eligible for the preschool services, to discuss any services that the child may receive; or

(ii) In the case of a child who may not be eligible for preschool services under Part B of the Act, with the approval of the family, make reasonable efforts to convene a conference among the lead agency, the family, and providers of other appropriate services for children who are not eligible for preschool services under Part B, to discuss the appropriate services that the child may receive;

(3) Review the child's program options for the period from the child's third birthday through the remainder of the school year; and

(4) Establish a transition plan; and

(c) If the State educational agency, which is responsible for administering preschool programs under part B of the Act, is not the lead agency under this part, an interagency agreement between the two agencies to ensure coordination on transition matters.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1437(a)(8))

NOTE: Among the matters that should be considered in developing policies and procedures to ensure a smooth transition of children from one program to the other are the following:

- The financial responsibilities of all appropriate agencies.

- The responsibility for performing evaluations of children.

- The development and implementation of an individualized education program ("IEP") or an individualized family service plan ("IFSP") for each child, consistent with the requirements of law (see § 303.344(h) and sections 612(a)(9) of the Act).

- The coordination of communication between agencies and the child's family.

- The mechanisms to ensure the uninterrupted provision of appropriate services to the child.

[58 FR 40959, July 30, 1993, as amended at 63 FR 18294, Apr. 14, 1998]

**COMPONENTS OF A STATEWIDE SYSTEM—
APPLICATION REQUIREMENTS**

§ 303.160 Minimum components of a statewide system.

Each application must address the minimum components of a statewide system of coordinated, comprehensive, multidisciplinary, interagency programs providing appropriate early intervention services to all infants and toddlers with disabilities and their families, including Indian infants and toddlers with disabilities and their families residing on a reservation geographically located in the State. The minimum components of a statewide system are described in §§ 303.161 through 303.176.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1435(a), 1437(a)(9))

[58 FR 40959, July 30, 1993, as amended at 63 FR 18295, Apr. 14, 1998]

§ 303.161

§ 303.161 State definition of developmental delay.

Each application must include the State's definition of "developmental delay," as described in § 303.300.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1435(a)(1))

§ 303.162 Central directory.

Each application must include information and assurances demonstrating to the satisfaction of the Secretary that the State has developed a central directory of information that meets the requirements in § 303.301.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1435(a)(7))

§ 303.163 [Reserved]

§ 303.164 Public awareness program.

Each application must include information and assurances demonstrating to the satisfaction of the Secretary that the State has established a public awareness program that meets the requirements in § 303.320.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1435(a)(6))

§ 303.165 Comprehensive child find system.

Each application must include—

(a) The policies and procedures required in § 303.321(b);

(b) Information demonstrating that the requirements on coordination in § 303.321(c) are met;

(c) The referral procedures required in § 303.321(d), and either—

(1) A description of how the referral sources are informed about the procedures; or

(2) A copy of any memorandum or other document used by the lead agency to transmit the procedures to the referral sources; and

(d) The timelines in § 303.321(e).

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1435(a)(5))

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§ 303.166 Evaluation, assessment, and nondiscriminatory procedures.

Each application must include information to demonstrate that the requirements in §§ 303.322 and 303.323 are met.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1435(a)(3); 1436(a)(1), (d)(2), and (d)(3))

§ 303.167 Individualized family service plans.

Each application must include—

(a) An assurance that a current IFSP is in effect and implemented for each eligible child and the child's family;

(b) Information demonstrating that—

(1) The State's procedures for developing, reviewing, and evaluating IFSPs are consistent with the requirements in §§ 303.340, 303.342, 303.343 and 303.345; and

(2) The content of IFSPs used in the State is consistent with the requirements in § 303.344; and

(c) Policies and procedures to ensure that—

(1) To the maximum extent appropriate, early intervention services are provided in natural environments; and

(2) The provision of early intervention services for any infant or toddler occurs in a setting other than a natural environment only if early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1435(a)(4), 1436(d))

[58 FR 40959, July 30, 1993, as amended at 63 FR 18295, Apr. 14, 1998]

§ 303.168 Comprehensive system of personnel development (CSPD).

Each application must include information to show that the requirements in § 303.360(b) are met.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1435(a)(8))

§ 303.169 Personnel standards.

(a) Each application must include policies and procedures that are consistent with the requirements in § 303.361.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1435(a)(9))

§ 303.170 Procedural safeguards.

Each application must include procedural safeguards that—

(a) Are consistent with §§ 303.400 through 303.406, 303.419 through 303.425 and 303.460; and

(b) Incorporate either—

(1) The due process procedures in 34 CFR 300.506 through 300.512; or

(2) The procedures that the State has developed to meet the requirements in §§ 303.419, 303.420(b) and 303.421 through 303.425.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1435(a)(13))

[58 FR 40959, July 30, 1993, as amended at 63 FR 18295, Apr. 14, 1998]

§ 303.171 Supervision and monitoring of programs.

Each application must include information to show that the requirements in § 303.501 are met.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1435(a)(10)(A))

§ 303.172 Lead agency procedures for resolving complaints.

Each application must include procedures that are consistent with the requirements in §§ 303.510 through 303.512.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1435(a)(10))

§ 303.173 Policies and procedures related to financial matters.

Each application must include—

(a) Funding policies that meet the requirements in §§ 303.520 and 303.521;

(b) Information about funding sources, as required in § 303.522;

(c) Procedures to ensure the timely delivery of services, in accordance with § 303.525; and

(d) A procedure related to the timely reimbursement of funds under this part, in accordance with §§ 303.527(b) and 303.528.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1435(a)(10) (D) and (E), 1435(a)(12), 1440)

§ 303.174 Interagency agreements; resolution of individual disputes.

Each application must include—

(a) A copy of each interagency agreement that has been developed under § 303.523; and

(b) Information to show that the requirements in § 303.524 are met.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1435(a)(10) (E) and (F))

§ 303.175 Policy for contracting or otherwise arranging for services.

Each application must include a policy that meets the requirements in § 303.526.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1435(a)(11))

§ 303.176 Data collection.

Each application must include procedures that meet the requirements in § 303.540.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1435(a)(14))

PARTICIPATION BY THE SECRETARY OF THE INTERIOR

§ 303.180 Payments to the Secretary of the Interior for Indian tribes and tribal organizations.

(a) The Secretary makes payments to the Secretary of the Interior for the coordination of assistance in the provision of early intervention services by the States to infants and toddlers with disabilities and their families on reservations served by elementary and secondary schools for Indian children operated or funded by the Department of the Interior.

(b)(1) The Secretary of the Interior shall distribute payments under this part to tribes or tribal organizations

§ 303.200

(as defined under section 4 of the Indian Self-Determination and Education Assistance Act), or combinations of those entities, in accordance with section 684(b) of the Act.

(2) A tribe or tribal organization is eligible to receive a payment under this section if the tribe is on a reservation that is served by an elementary or secondary school operated or funded by the Bureau of Indian Affairs ("BIA").

(c)(1) Within 90 days after the end of each fiscal year the Secretary of the Interior shall provide the Secretary with a report on the payments distributed under this section.

(2) The report must include—

(i) The name of each tribe, tribal organization, or combination of those entities that received a payment for the fiscal year;

(ii) The amount of each payment; and

(iii) The date of each payment.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1443(b))

Subpart C—Procedures for Making Grants to States

§ 303.200 Formula for State allocations.

(a) For each fiscal year, from the aggregate amount of funds available under this part for distribution to the States, the Secretary allots to each State an amount that bears the same ratio to the aggregate amount as the number of infants and toddlers in the State bears to the number of infants and toddlers in all States.

(b) For the purpose of allotting funds to the States under paragraph (a) of this section—

(1) *Aggregate amount* means the amount available for distribution to the States after the Secretary determines the amount of payments to be made to the Secretary of the Interior under § 303.203 and to the jurisdictions under § 303.204;

(2) *Infants and toddlers* means children from birth through age two in the general population, based on the most

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recent satisfactory data as determined by the Secretary; and

(3) *State* means each of the 50 States, the District of Columbia, and the Commonwealth of Puerto Rico.

(Authority: 20 U.S.C. 1443(c))

§ 303.201 Distribution of allotments from non-participating States.

If a State elects not to receive its allotment, the Secretary reallots those funds among the remaining States, in accordance with § 303.200(a).

(Authority: 20 U.S.C. 1443(d))

§ 303.202 Minimum grant that a State may receive.

No State receives less than 0.5 percent of the aggregate amount available under § 303.200 or \$500,000, whichever is greater.

(Authority: 20 U.S.C. 1443(c)(2))

§ 303.203 Payments to the Secretary of the Interior.

The amount of the payment to the Secretary of the Interior under § 303.180 for any fiscal year is 1.25 percent of the aggregate amount available to States after the Secretary determines the amount of payments to be made to the jurisdictions under § 303.204.

(Authority: 20 U.S.C. 1443(b))

§ 303.204 Payments to the jurisdictions.

(a) From the sums appropriated to carry out this part for any fiscal year, the Secretary may reserve up to 1 percent for payments to the jurisdictions listed in § 303.2 in accordance with their respective needs.

(b) The provisions of Pub. L. 95-134, permitting the consolidation of grants to the outlying areas, do not apply to funds provided under paragraph (a) of this section.

(Authority: 20 U.S.C. 1443(a))

[58 FR 40959, July 30, 1993, as amended at 63 FR 18295, Apr. 14, 1998]

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TO ASSURE THE FREE APPROPRIATE PUBLIC EDUCATION OF ALL CHILDREN WITH DISABILITIES

Individuals with Disabilities Education Act, Section 618

Twenty-third Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act

U.S. Department of Education

2001

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Executive Summary

In the 1997 reauthorization of the Individuals with Disabilities Education Act (IDEA), Congress directed the U.S. Department of Education to undertake a national assessment of activities carried out under the Act (§674(b)). This volume of the *Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act* includes a number of modules reporting on the results of the National Assessment, as stipulated in Section 674(b)(4)(B) of the IDEA Amendments of 1997. For this reason, the format of this report varies somewhat from that of other recent volumes.

Section I—Results

The results section includes five modules. The first module presents State-reported data on high school graduation rates for students with disabilities. The second provides information about the participation and performance of students with disabilities in State assessment systems. It also discusses alternate assessments. The third module describes challenges to providing secondary education and transition services to youth with disabilities and presents strategies for meeting those challenges. Outcomes for Students with Problem Behaviors in School is the fourth module. It examines trends and outcomes for students with problem behaviors and describes effective prevention practices. The last module in this section presents data from the National Early Intervention Longitudinal Study (NEILS).

High School Graduation Among Students with Disabilities

- Graduation rates for students age 14 and older with disabilities have climbed steadily since 1993-94. During this same time, the dropout rate among this population has declined.
- Graduation rates for students age 14 and older with disabilities varied by disability category; students with visual impairments had the highest graduation rate, while students with emotional disturbance had the lowest graduation rate.
- Graduation rates also varied by race/ethnicity, ranging from 63.4 percent among white students to 43.5 percent among black students.

Participation and Performance of Students with Disabilities in State Assessment Systems

- According to public reports collected from States in 1999, participation rates in State assessments varied from 33 percent to 97 percent of students with disabilities. The performance levels of students with disabilities also varied widely.
- The assessment participation rates of students with disabilities have increased in over half of the States and remained the same in another 25 percent of States. Only one State reported participation rates that are lower than in previous years.
- Differences in data collection and management systems may contribute to difficulties in reporting data for students with disabilities.

Challenges To Providing Secondary Education and Transition Services for Youth with Disabilities

- Individual education program (IEP) teams must work to ensure that high expectations are maintained and students with disabilities are afforded opportunities to develop skills through a wide range of curricular options, including vocational education, service learning, community work experience, and adult living skills.
- Diversity in graduation requirements is complicated by an increasingly diverse set of possible diploma options within individual States. In addition to the standard high school diploma, some States offer special education diplomas, certificates of completion, occupational diplomas, and others.
- Because of the critical role that parents play in assisting their children in making the transition from school to adult life, additional attention must be given to establishing strategies and methods needed to actively engage them in discussions and decisions concerning school and postschool options.

Outcomes for Students with Problem Behaviors in School: Issues, Predictors, and Practices

- About 50 percent of students identified under IDEA as having emotional and behavioral disorders drop out of school. Once they leave school, these

students lack the social skills necessary to be successfully employed; they consequently suffer from low employment levels and poor work histories.

- Poverty is the single greatest predictor of academic and social failure in America's schools.
- For students with problem behavior, positive behavioral supports help to prevent many of the predictable behavior problems that typically begin a pattern of escalating academic and social failures.

Results Experienced by Children and Families Entering Early Intervention

- Data on physical health indicate that many parents of children entering early intervention reported their child's health to be very good or excellent; however, the proportions were smaller than those reported for the general child population under age 5.
- Children who begin early intervention at less than 12 months of age are much more likely to have a diagnosed condition or a risk condition.
- In NEILS, several different long-term outcomes for former recipients of early intervention are being examined, including the need for future services, physical health, developmental attainments, academic skills, memberships in groups such as being a member of a sports team, and interpersonal relationships such as friendships.

Section II—Student Characteristics

This section contains information about the characteristics of children and students receiving services under IDEA. The populations reported are children and families entering early intervention, preschoolers, students ages 6 through 21, and limited-English-proficient (LEP) students with disabilities.

Characteristics of Children and Families Entering Early Intervention

- In 1999-2000, 205,769 children and their families in the United States received early intervention services under Part C of IDEA. This figure represents 1.8 percent of the Nation's infants and toddlers.
- Among the children receiving early intervention, there was a high incidence of children of very low birth weight in all racial/ethnic groups, but the proportions differed by race/ethnicity.

- Families of nearly all children in early intervention reported that their children had a place to go for regular medical care and were covered by health insurance.

Preschoolers Served Under IDEA

- States reported serving 588,300 preschool children with disabilities during the 1999-2000 school year, or 5 percent of all preschoolers who lived in the United States and Outlying Areas during the year.
- State-reported data for 1999-2000 indicate that 67 percent of preschoolers who received services under IDEA were white, 16 percent were black, 14 percent were Hispanic, 2 percent were Asian/Pacific Islander, and 1 percent were American Indian/Alaska Native.
- The racial distribution of preschool children served was generally comparable between 1998-99 and 1999-2000. From 1998-99 to 1999-2000, the proportion of Hispanic preschoolers served grew by 1.7 percent, while the proportion of white preschoolers served declined 1.6 percent.

Students Ages 6 Through 21 Served Under IDEA

- The number of students ages 6 through 21 with disabilities served under Part B of IDEA reached 5,683,707, a 2.6 percent increase over the 1998-99 school year.
- Specific learning disabilities continued to be the most prevalent disability among this population, representing half of the students with disabilities served under IDEA.
- Black students with disabilities exceeded their representation among the resident population. The most striking disparities were in the mental retardation and developmental delay categories.

Limited English Proficient Students with Disabilities

- The Office for Civil Rights estimated that 174,530 students with disabilities needed services for limited English proficiency in 1997.

- Although LEP students in the United States come from a variety of national, cultural, and linguistic backgrounds, the majority are from Spanish-speaking homes. Spanish was the first language of almost 73 percent of LEP students.
- Researchers believe that culturally and linguistically diverse students may be disadvantaged in the assessment and evaluation process.

Section III—Programs and Services

The five modules in this section examine some of the programs and services available within schools for children with disabilities and their families and include preliminary results on programs and services from the National Assessment Program studies. The module on educational environments contains State-reported data on the settings in which children receive services. The second module presents data on family involvement and elementary and middle school students from the Special Education Elementary Longitudinal Study (SEELS). Special Education Teacher Recruitment and Hiring is the third module. It provides data and analyses from the Study of Personnel Needs in Special Education (SPeNSE). The fourth module uses NEILS data to describe the services received by children and families entering early intervention. The last module in this section describes SLIDEA (State and Local Implementation of IDEA) and presents preliminary findings.

Educational Environments for Students with Disabilities

- The percentage of students ages 6 through 21 with disabilities served in both regular schools and in regular education classes within those schools has continually increased.
- Of the students ages 6 through 21 served outside the regular classroom for less than 21 percent of the school day, approximately 70 percent were white, 14 percent were black, 12 percent were Hispanic, 2 percent were Asian/Pacific Islander, and 1 percent were American Indian/Alaska Native.
- Students with emotional disturbance, mental retardation, and multiple disabilities were more likely to receive services outside the regular classroom for more than 60 percent of the school day.

Family Involvement in the Education of Elementary and Middle School Students Receiving Special Education

- Information from the first SEELS family interview portrays several dimensions of family involvement for students with disabilities and their variation for students with different disabilities, ages, racial/ethnic backgrounds, and household incomes.
- Participation in parent information, support, or training sessions was fairly consistent across income levels.
- Families that expressed reservations about their level of involvement in the individualized education program process were disproportionately from black, Hispanic, and Asian/Pacific Islander families and from low-income households.

Special Education Teacher Recruitment and Hiring

- SPeNSE was designed to address concerns about nationwide shortages in the number of personnel serving students with disabilities and the need for improvement in the qualifications of those employed.
- As of October 1, 1999, there were 12,241 funded positions left vacant or filled by substitutes because suitable candidates could not be found. While administrators were able to hire only some of the new teachers they needed, they felt that 85 percent of all newly hired teachers and service providers in the last three years were excellent at the time they started.
- Two additional barriers to hiring cited by administrators are the district's geographic location and insufficient salary and benefits. Both were cited as great or moderate barriers to hiring by 50 percent or more of the administrators.

Services Received by Children and Families Entering Early Intervention

- Most families receiving services under Part C received between two and six different services.
- The most common types of early intervention providers were service coordinators, speech and language therapists, occupational and physical therapists, child development specialists, and special educators.

- Service providers gave positive progress ratings for the majority of children receiving services under Part C.

Using Implementation Data To Study State, District, and School Impacts

- SLIIDEA's charge is to understand both the implementation and the impact of policy changes made in the IDEA Amendments of 1997 at the State, district, and school levels.
- It is expected that SLIIDEA will show evidence that States and localities have to various degrees addressed issues such as service coordination, accountability systems, and procedural safeguards needed to achieve the goals of IDEA.
- States can use legislation, written requirements, or guidance and inducements such as incentives, rewards, sanctions, technical assistance, financial assistance, and accountability through public reporting to influence special education activities at the local level.

Section IV—Policies

This section of the annual report contains three modules. The modules describe State improvement and monitoring activities, the planning process used to develop the Part D National Activities Program, and the National Assessment Program.

State Improvement and Monitoring

- Many of the States that OSEP has monitored during the past three years do not yet have effective systems for identifying and correcting noncompliance with Part C requirements.
- OSEP found that some States have gone beyond the Part C requirements to develop especially strong linkages between parents, the Part C system, and school districts to support smooth and effective transition.
- In the past three years, OSEP has found that noncompliance regarding transition requirements persists in many States. Although more IEPs for students age 16 or older now include transition content, the statements of needed transition services do not meet Part B requirements.

The Comprehensive Planning Process for the IDEA Part D National Activities Program: Challenge and Opportunity

- OSEP conducted long-term planning sessions with staff, gathering information about the lessons learned from prior planning efforts and recommendations for the new process.
- The process incorporates collaboration with regular education and other Federal offices and agencies as well as direct input from grassroots consumers at the family, school, community, and State levels.
- OSEP looks upon the expert-based opinion provided by the five panels thus far in the National Activities Program planning process as the beginning of an ongoing conversation between the agency and stakeholder representatives.

The Office of Special Education Programs' National Assessment Program

- The National Early Intervention Longitudinal Study (NEILS) looks at infants and toddlers and their families who are receiving early intervention services through Part C of IDEA. The study will describe the characteristics of program participants, the type and level of services they are receiving and who is providing them, the outcomes realized by children and families during Part C participation, and the association of characteristics of the participants and services with outcomes.
- PEELS (Pre-elementary Education Longitudinal Study) will study children ages three to five. Study focuses will include an examination of the critical transition between preschool and kindergarten and of outcomes achieved by students who participated in preschool special education programs.
- The Special Education Elementary Longitudinal Study (SEELS) will follow a nationally representative sample of students as they move from elementary to middle school and from middle to high school.
- The National Longitudinal Transition Study-2 (NLTS-2) will collect data on students ages 13 to 16 to determine their individual and household characteristics; achievement scores on standardized assessments; secondary school performance and outcomes; and early adult outcomes in the employment, education, independence, and social domains.

- SPeNSE (Study of Personnel Needs in Special Education) focuses on the adequacy of the workforce and will attempt to explain variation in workforce quantity and quality based on State and district policy.
- The State and Local Implementation of IDEA (SLIIDEA) study was designed to evaluate the implementation and impact of IDEA with a focus on implementation issues in six cluster areas.
- SEEP (Special Education Expenditure Project) examines how Federal, State, and local funds are used to support programs and services for students with disabilities.

Results Experienced by Children and Families Entering Early Intervention

The emphasis in education and other social programs has recently shifted from a focus on documenting what was provided to describing what was achieved. For infants and toddlers with special needs, the desired results of intervention services are challenging to conceptualize. Acquisition of school-age skills such as reading and mathematics skills are clearly not appropriate outcomes for this age group. Similarly, broad goals of community participation or membership in groups have limited applicability to children under 3 years of age. What then are the desired results of early intervention services?

A priority addressed by the National Early Intervention Longitudinal Study (NEILS) is to examine the outcomes experienced by children and families in early intervention. Some of the purposes of Part C deal specifically with child and family outcomes and provide guidance as to the results expected from early intervention. Part C was enacted in part because of the “urgent and substantial need:

- (1) to enhance the development of infants and toddlers with disabilities and to minimize their potential for developmental delay;
- (2) to reduce the educational costs to our society, including our Nation’s schools, by minimizing the need for special education and related services when infants and toddlers with disabilities reach school age;
- (3) to minimize the likelihood of institutionalization of individuals with disabilities and maximize the potential for their independently living in society;
- (4) to enhance the capacity of families to meet the special needs of their infants and toddlers with disabilities” (§631(a)).

Drawing upon the stated purpose of the legislation, the conceptual framework for NEILS identified three distinct outcome areas that the study would assess: (1) short-term outcomes for children (enhancing development), (2) long-term outcomes for children (minimizing the need for future services, minimizing the likelihood of institutionalization), and (3) outcomes for families (enhancing the capacity of families). These three outcome areas are discussed in greater depth in the pages that follow.

NEILS is a longitudinal study following children from four birth years. These children received their first early intervention service between September 1997 and November 1998. The oldest children in the sample started kindergarten in 2000-01 and thus exited early intervention in 1998. The youngest will exit the early intervention service system in mid-2001 and will probably begin kindergarten in 2003-04. Because of the age distribution in the sample, it will be another year before short-term child outcomes are completely analyzed and a little longer before the first set of long-term child outcomes is ready for dissemination. The framework for looking at child outcomes is presented along with some preliminary data on the children's status at program entry.

Short-Term Outcomes for Children

Short-term outcomes refer to those that occur after a limited period of time in early intervention. NEILS is interviewing families annually until the child's third birthday. The short-term outcome areas being tracked are physical health; developmental milestone attainments in motor, communication, cognition, and independence; social skills and relationships with peers and adults; behavior and engagement; participation or interaction with typically developing peers; and the need for ongoing services.

The data presented in this report are baseline data against which short-term outcome data will be compared at subsequent time points. Many of the findings on status at entry to early intervention were already presented elsewhere in this report in the section on characteristics of children and families in early intervention. The data on physical health indicated that although many parents of children entering early intervention reported their child's health to be very good or excellent, these proportions were substantially smaller than those reported for the general child population under 5 (61 percent vs. 82 percent). Behavioral data suggested that more than half (56 percent) of the children entering early intervention had no trouble playing with other children, and 39 percent were not at all aggressive with other children. In this section, we will focus on the attainment of developmental milestones by describing the developmental status of children when they begin services.

Attaining age-appropriate developmental competencies is an important outcome for all infants and toddlers. It is significant for children under 3 because it facilitates interaction with the environment, which forms the foundation of individual child development. The developmental accomplishments of infancy and toddlerhood are also important because they lay the groundwork for the next level of developmental skills children must master as they move through the preschool years and then enter elementary school. For example, communication and mobility are important developmental tasks for young children. Acquiring beginning communication skills

allows the child to more effectively communicate his or her needs. Similarly, becoming mobile provides access to a much broader range of environments and objects to explore and enjoy. On the other hand, the child without adequate communication skills is limited in his or her ability to interact with caregivers and others in his or her social world and is possibly frustrated by this limitation. A child who is not mobile is restricted to where he or she is placed and reliant on what others bring for the child to explore.

NEILS examined developmental attainments by asking parents to report on a set of child behavior and skills in several domains. For each item, the parent was to report whether the child “does it well,” “does it but not well,” or “doesn’t do it at all.” The specific milestones were selected because they were assumed to have face validity as markers of developmental attainment, to be universal in expression with minimal cultural/socioeconomic bias, and to be observable in everyday activities.

The status of children upon entry into early intervention on a select set of the milestones is shown in table I-8. The nationally representative data are grouped by domain and reported separately for children who were less than 12 months of age at the time of the first interview, between 12 and 24 months of age, and older than 24 months of age. In interpreting these data, it is important to remember that the three age groups of entry into early intervention reflect three fundamentally different groups of children with regard to the nature of their disability or delay. (See discussion of characteristics of children entering early intervention in Chapter II.) Children who began early intervention and whose families were interviewed when the child was less than 12 months of age are not just younger than the other two age groups. Children who begin early intervention at less than 12 months of age are much more likely to have a diagnosed condition or a risk condition such as low birth weight. Children older than 12 months, especially those older than 24 months, are much more likely to have a communication-related disability or delay.

The findings for children who were less than 12 months old at the time of the interview show that very few of the children in this group have mastered sitting, crawling, or walking. To some extent, this might be expected because the age range includes children as young as several weeks old.

Within the group of children whose families were interviewed when they were between 12 and 24 months, some have mastered the motor milestones. For example, 41 percent were reported as able to walk well. Nearly all children in the general population can walk by 17 months of age. Many of the youngest children in this middle age group entering early intervention would not therefore be expected to walk yet. Overall, the data on the motor milestones are consistent with other NEILS

Table I-8
Milestone Attainment in Different Domains by Age Group at Entry to Early Intervention Services

	Percentage of Children Reported Able To Do Milestone Well		
	Age at First Interview		
	<12 Months	12 to 24 Months	24 to 32 Months
Motor			
Grasp objects and let go of them (10)	52	NA	NA
Crawl, scoot, or creep (11)	17	NA	NA
Sit up (11)	15	NA	NA
Pick up small objects with finger and thumb (12)	18	75	87
Hold a crayon or pencil (16)	2	41	72
Walk without holding on (17)	0	54	90
Walk quickly or run (25)	NA	42	81
Take paper off candy to unwrap (25)	NA	17	50
Communication			
Babbles (3)	64	NA	NA
Says "mama" or "dada" (12)	13	58	77
Responds to simple gestures like someone waving "bye-bye" (17)	19	70	88
Repeats or imitates a word (18)	4	22	30
Follows a 2-step verbal direction (24)	NA	37	65
Says 2 or 3 words in a sentence (25)	NA	5	17
Self-Help			
Eats bite size pieces with fingers (11)	11	NA	NA
Lifts a cup and drinks from it (18)	5	65	88
Takes off socks without help (23)	NA	65	78
Washes and dries hands thoroughly (28)	NA	NA	36
Cognition			
Looks for object out of sight (7)	26	NA	NA
Laughs in response to peek-a-boo (8)	49	NA	NA
Explores objects by shaking and banging (11)	39	NA	NA
Puts things into and takes them out of things (12)	5	NA	NA
Does simple pretending in play like feeding a doll (18)	1	29	64
Shows that knows two body parts (28)	NA	40	77
Refers to things as "mine" (30)	NA	21	51
Gives his or her first name (35)	NA	6	14

Note: The number in parenthesis after the milestone is the age in months by which almost all children in the general population (approximately 90 percent) have attained this milestone. Some milestones are too advanced or too young for some age groups and were "not asked" (NA) for these children.

Source: National Early Intervention Longitudinal Study.

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data showing motor difficulties are less often a reason for early intervention services among this middle age group compared to the younger population.

The predominance of communication difficulties among children who begin receiving early intervention after 24 months of age is strongly reflected in the milestone data. Saying "mama" is a milestone mastered by the general population of children by 12 months of age. Within the group of children who began early intervention between 12 and 24 months of age, only 58 percent could say "mama." Similarly, almost all children in the general population can follow a two-step direction by 24 months. Only 37 percent of children who were between 12 and 24 months when the interview was conducted could do this well. These children were relatively more proficient in the area of self-help, but still only 65 percent could use a cup to drink or take off their socks. Both of these are usually mastered by 24 months.

The children who were the oldest when they began to receive early intervention services, those who were between 24 and 32 months at the time of the interview, were somewhat skilled in the motor and self-help areas. Even in these areas, some children were having difficulties in areas typically mastered by much younger children. Only 90 percent were reported as able to walk well, and only 81 percent could run quickly. Only half could take the wrapper off a piece of candy, something that nearly all children can do by 25 months. Most could use a cup and take off their socks.

The oldest children, those who began early intervention services after 24 months, have mastered milestones in the motor, self-help, and cognitive areas with one exception. Almost all children can pick up small things by 12 months of age, so even though only 13 percent of the oldest group of children beginning early intervention were not able to do this task well, these children are a year or more behind in acquiring this skill.

A different picture is presented by the communication milestones. Among this oldest group of early intervention entrants, the percentage who could say "mama," a 12-month milestone, was only 77 percent. A task that almost all children can do by 18 months is repeating a word. Among children who began early intervention between 24 and 32 months of age, however, only 30 percent were reported by their caregivers as able to do this. All of the communication milestones show this oldest group as having difficulty in this area at the time they began to receive early intervention services.

These data describe the children at entry to early intervention. The more interesting question is how children will change over time with regard to short-term developmental outcomes. Future analyses from NEILS will examine the attainment of developmental milestones as children receive services over time and as they get older.

Long-Term Outcomes for Children

Long-term outcomes from early intervention are those that occur after the child has left early intervention services. An important long-term outcome is prevention of future delays and disabilities. The meaning of "prevention" varies for different kinds of children. It is important to understand that the population of children being served in early intervention programs is extremely heterogeneous with regard to the nature of their delay, disability, or risk condition. A baby born at 975 grams with multiple physical problems presents a very different set of needs from a healthy 26-month-old with a delay in communication skills. Both of these children, as well as children with many other different conditions and needs, can be eligible for early intervention services. These variations among children have direct implications for what early intervention is trying or can reasonably be expected to enhance or prevent.

In NEILS, several different long-term outcomes for former recipients of early intervention are being examined, including the need for future services, physical health, developmental attainments, academic skills, memberships in groups such as being a member of a sports team, and interpersonal relationships such as friendships. The need for future services is being examined at 36 months (what proportion of children are referred for special education upon exiting early intervention?) and at kindergarten (what proportion are receiving special education in kindergarten?). Changes in physical health and developmental attainments are also being assessed at 36 months and at kindergarten. The academic skills of reading and mathematics are assessed only at kindergarten, as is membership in groups. Relationships or friendships are assessed at 36 months and at kindergarten.

Family Outcomes

Early intervention is a program designed for both children and families. Family-centered practices are mandated as an integral part of early intervention services and are expected to permeate all aspects of service delivery (Bailey, Buysse, Edmondson, & Smith, 1992). To address the need for an approach that could be applied in evaluating family outcomes across many families and programs, Bailey et al. (1998) proposed a general framework for assessing family outcomes. The framework identifies two general types of family outcomes and corresponding questions that

reflect current values and the outcomes early intervention could be expected to affect. The two general categories of outcomes are the family's perception of their early intervention experience and the impact of services on the family. This framework was used to develop the family outcome measures in NEILS. The NEILS data presented here refer only to the family's initial perception of the early intervention experience. All families were interviewed within 4 months of beginning early intervention; the majority were interviewed within 2 months. Additional data on the impact on the family will be forthcoming as information at later time points becomes available.

NEILS examined a number of issues related to the families' perceptions about their entry into early intervention, as well as satisfaction with initial services. These data are shown in table I-9. The great majority of families had little difficulty finding out about early intervention services or getting the services started. The findings with regard to the individualized family service plan (IFSP) are somewhat surprising in that one in five families was not aware of the existence of a written plan. Presumably they had participated in such a process 1 to 2 months prior to being interviewed. The diagnosis of a disability and the subsequent entry into a new service system can be an overwhelming process for families, and it appears that the development of the IFSP may have not been well explained, was forgotten, or both, for some families. It is also possible that the development of the plan was not the family-professional partnership it is envisioned to be, so there was little for families to remember. This may be related to the substantial number of premature infants entering the system shortly after birth.

Other aspects of the IFSP process were generally perceived as positive. Perceptions about who was seen as making decisions varied depending on the decision. Goals and outcomes were overwhelmingly seen as joint decisions between families and professionals. The kinds of services to be provided were seen as joint decisions by two-thirds of the families. On the other hand, about half the families felt professionals mostly made the decisions on the amount of services. Most families were satisfied with their level of involvement in the decisionmaking.

Families were generally pleased with the quality and quantity of the early intervention services they were receiving. Families were asked to rate their therapy services as well as their other early intervention services with regard to both of these dimensions. They were also pleased with the number of professionals working with the child. Over 90 percent felt the help and information that had been provided to the family was excellent or good. These ratings were offered within the first 4 months of the family's experience with early intervention, but the data clearly indicate that, for most families, their initial experiences with early intervention are positive.

Table I-9
Families' Perceptions of Entering Early Intervention, the IFSP Process,
and the Initial Services Provided

	Percentage of Families
Entering Early Intervention	
Amount of effort required to find out where to go to try to get early intervention services	
A lot of effort	11
Some effort	14
Little	25
No effort	50
Amount of effort to get services started	
A lot of effort	9
Some effort	14
Little	34
No effort	43
IFSP Process	
Aware of a written plan that describes goals and services	
Yes	82
No	18
Who came up with the goals or outcomes	
Mostly the family	7
Mostly the professionals	12
Family and professional together	81
Who decided on the kinds of services	
Mostly the family	9
Mostly the professionals	27
Family and professional together	64
Who decided on the amount of services	
Mostly the family	8
Mostly the professionals	49
Family and professional together	41
How family feels about involvement in decisionmaking	
Wanted to be more involved	22
Involved about the right amount	77
Wanted to be less involved	1
Satisfaction with Initial Services	
Rating of amount of therapy	
More than needed	4
About the right amount	76
Less than needed	20
Quality of therapy services	
Excellent	60
Good	32
Fair	6
Poor	<1

Table I-9 (cont'd)

	Percentage of Families
Rating of amount of other early intervention services	
More than needed	5
About the right amount	82
Less than needed	13
Quality of other early intervention services	
Excellent	52
Good	45
Fair	6
Poor	1
Rating of number of professionals working with child	
Too many	2
About the right number	91
Not enough	7
Rating of help and information family had received	
Excellent	56
Good	36
Fair	7
Poor	1

Note: Numbers may not sum to 100 due to rounding.

Source: National Early Intervention Longitudinal Study.

Conclusion

The information collected thus far in NEILS documents a relationship between developmental characteristics, reasons why children are eligible for services, and the age at which they enter the early intervention service system. It remains to be seen how long-term child outcomes will relate to these findings and other child, family, and service provision characteristics.

Overall, families are satisfied with the services they are provided or offered at the time their child enters early intervention. Continued contact with parents will determine if the early intervention service system is able to maintain this standard of meeting the needs of the families of young children with disabilities.

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Characteristics of Children and Families Entering Early Intervention

In 1999-2000, 205,769 children and their families in the United States received early intervention services under Part C of the Individuals with Disabilities Education Act (IDEA). This figure represents 1.8 percent of the nation's infants and toddlers, according to July 2000 population estimates from the U.S. Census Bureau. What do we know about these children and their families?

To answer this question, the Office of Special Education Programs (OSEP) commissioned the National Early Intervention Longitudinal Study (NEILS). NEILS is following a nationally representative sample of 3,338 infants and toddlers who received early intervention services for the first time between September 1997 and November 1998. Information is being collected repeatedly on these children and their families throughout the early intervention years and then again when the children enter kindergarten. Data from NEILS will play a key role in efforts to improve early intervention services and results for infants and toddlers with disabilities.

Some descriptive information about the characteristics of children and families receiving early intervention was presented in the 22nd *Annual Report to Congress*. Briefly, these initial findings indicated that the average age of the child at the time of the first individualized family service plan (IFSP) was 17.1 months.¹ Most children (64 percent) were eligible for early intervention because of a developmental delay, and these children were most likely to begin early intervention after 21 months of age.

One of the primary reasons for eligibility for service among the youngest children were reasons related to their birth histories. Around 40 percent of the children who began early intervention at 12 months of age or less needed services for reasons related to prenatal/perinatal abnormalities. Among older children, a speech or communication problem was the most frequent reason for receipt of early intervention services.

NEILS data indicate that boys made up 61 percent of the early intervention population and 65 percent of those with developmental delays. The largest racial/ethnic group in the early intervention population was white (56 percent),

¹ All data presented here are weighted to represent the national population of infants and toddlers entering early intervention.

followed by black (21 percent), Hispanic (15 percent), and Asian/Pacific Islander (5 percent). These figures differ somewhat from the State-reported data for 1999-2000, which are reported in table AH7. States reported that 60.7 percent of the Part C population was white, 18.0 percent was black, 16.5 percent was Hispanic, 3.6 percent was Asian/Pacific Islander, and 1.2 percent was American Indian/Alaska Native.² NEILS data also suggest that children in foster care were substantially overrepresented among those in early intervention. Seven percent of the children entering early intervention were in foster care, a rate about 10 times greater than that of the general population (U.S. Department of Health and Human Services, 1998).

This module provides a more detailed description of the children in early intervention based on new data available from NEILS. The module includes data describing the nature of these children's disabilities and their birth histories, health status, and behaviors. The text also includes descriptive demographic data on the children and their families, including family size, structure, and socioeconomic status. The data presented in this report are based on a telephone interview ($N=3,000$) which was conducted with a family member³ within the first few months after the child and family started early intervention services.

Child Characteristics

Child Functioning

To further explore the nature of the abilities and disabilities of children receiving early intervention services, parents were asked a series of questions about various aspects of their child's functioning, including vision, hearing, mobility, and communication. These results are shown in table II-1. Very few parents reported that their child had a lot of trouble seeing or hearing (8 percent and 9 percent, respectively). A hearing aid or other hearing device had been prescribed for 2 percent, and glasses had been prescribed for 2 percent. One-fourth of the children in early intervention were reported as having at least some difficulty with their hands and arms; 7 percent had a lot of trouble or no use of their hands and arms. Similarly, 26 percent of the children in early intervention were reported as having at least some

² For a number of reasons, the State-reported data are expected to differ from the NEILS data. Because collection of race/ethnicity data at the State level has taken place only for the past 2 years and several States have missing data, the race/ethnicity figures must be interpreted with caution. In addition, NEILS is a sample survey, and the sample was not drawn from all 50 States. The States report population data rather than sample data.

³ The adult best able to talk about each child and his/her early intervention experiences was the respondent for the telephone interview; the vast majority were the child's biological, adoptive, or foster mother (90 percent), and respondents are referred to as parents here.

Table II-1
Functional Characteristics of Children Entering Early Intervention
as Reported by Caregivers

	Percent
Diagnosed hearing problem	
Yes	9
No	91
Diagnosed vision problem	
Yes	8
No	92
Use of arms and hands	
Uses both normally	75
Has a little trouble	18
Has a lot of trouble	6
No use of one or both	1
Use of legs and feet	
Uses both normally	73
Has a little trouble	19
Has a lot of trouble	7
No use of one or both	1
How well does child make needs known	
Communicates just as well as other children	30
Has a little trouble communicating	41
Has a lot of trouble communicating	25
Doesn't communicate at all	4
When child talks to people s/he doesn't know, child is*	
Very easy to understand	12
Fairly easy to understand	22
Somewhat hard to understand	38
Very hard to understand	28

Note: Only asked if child used words to communicate.

Source: National Early Intervention Longitudinal Study.

trouble with their legs or feet, while 8 percent had a lot of trouble or no use of one or both legs or feet. Eleven percent of those with a lot of trouble or no use of their legs or feet entered early intervention using some kind of equipment to help them get around.

Substantially greater numbers of infants and toddlers were reported as having trouble communicating. Only 30 percent of the children were seen as communicating their needs as well as other children, and 41 percent were reported to have a little trouble communicating. One-fourth of the children were reported as having a lot of trouble

with communication, and 4 percent did not communicate at all. Parents were also asked about how easy the child is to understand when talking to people he or she doesn't know. Two-thirds of the children were described as somewhat or very hard to understand.

The parent reports were consistent with provider reports on the reasons children were eligible for early intervention. Many different conditions, delays, and disabilities were represented among the population of children entering early intervention, with any one particular difficulty being reported for only a small proportion of the children. The notable exception was difficulty in the area of speech and communication, which characterized a fairly large proportion of those entering early intervention. This was especially true of those over 24 months of age. Children with communication delays might be those who respond well to early intervention and require few or no services in future years. Alternatively, communication delays could be an early marker of other serious developmental problems such as cognitive delays. Additional NEILS data in forthcoming years will provide information on the results these children experience.

Birth History

Because low birth weight⁴ is often associated with developmental difficulties, it is not surprising to find that a substantial portion of children in early intervention were not of normal birth weight. Nearly one-third of the children in early intervention (32 percent) were low birth weight (see table II-2), compared with 7.5 percent of the general population. One in six children (17 percent) receiving early intervention were very low birth weight, compared with 1 percent of the general population (Ventura, Martin, Curtin, & Matthews, 1999).

Very low birth weight places an infant at even greater risk of serious medical and developmental problems (Botting, Powls, Cooke, & Marlow, 1998). Among the children receiving early intervention there was a high incidence of children of very low birth weight in all racial/ethnic groups, but the proportions differed by race/ethnicity. Black infants were most likely to be of very low birth weight; 31 percent of black babies in early intervention were very low birth weight.

Black babies are also more likely to be low birth weight in the general population. The ratio of black to white infants of low birth weight is similar for both the general and early intervention populations; slightly more than 2.5 times as many black babies

⁴ Children who are born weighing less than 2,500 grams are termed "low birth weight," and those weighing less than 1,500 grams are referred to as "very low birth weight."

Table II-2
Birth Histories of Children Entering Early Intervention

	Percent
Birth weight	
Less than 1000 grams	10
1000 to 1499 grams	7
1500 to 2499 grams	15
2500 grams or more	68
Percentage of babies from each ethnic group under 1500 grams	
White	12
Black	31
Hispanic	16
Asian/Pacific Islander	13
Mixed or Other	18
Stayed in neonatal intensive care unit after birth	
Yes	37
No	59
Don't know	4
Stayed in hospital after birth because of medical problems	
No	55
1 to 4 days	6
5 to 14 days	12
15 to 30 days	7
31 or more	19

Source: National Early Intervention Longitudinal Study.

as white babies were born of low birth weight in both groups (2.6 for those in early intervention vs. 2.8 for the general population). Hispanic babies in early intervention were 1.3 times more likely than white infants to be very low birth weight, comparable to the ratio of 1.1 in the general population.

Another important indicator of birth problems and possible later difficulties is whether the child was hospitalized in the neonatal intensive care unit after birth. A sizable proportion of the early intervention population—37 percent—was in neonatal intensive care (see table II-2). Consistent with the findings for low birth weight, race/ethnicity was related to use of neonatal intensive care. Black infants were in intensive care most frequently relative to other groups; nearly half of the black children in early intervention had been in intensive care after they were born.

One last indicator of difficulties at birth is whether the baby stayed at the hospital after birth for a medical reason. Forty-four percent of the children entering early intervention were required to stay in the hospital after birth. Eighteen percent stayed

2 weeks or less. At the other extreme, 19 percent stayed in the hospital for more than a month. Parent-reported data on these children's birth histories indicate that a relatively high percentage of children in early intervention had difficulties at birth, especially prematurity and low birth weight. This finding is consistent with provider information about the relatively high proportions of children who entered early intervention in the first year of life because of prenatal and perinatal abnormalities.

General Health and Health Care

Parents were asked several questions regarding their child's current health, health care, and health insurance status. Although some children receive early intervention for disabling conditions related to their health, many children are eligible for services because of developmental problems rather than health per se. Most parents (84 percent) reported their children's health to be good, very good, or excellent (see table II-3). This is a lower figure, however, than reported for the general population. Figure II-1 shows the distribution of responses on health status for both the early intervention and general population. Nearly all parents in the general population (98 percent) report their children to be in good, very good, or excellent health.⁵

Consistent with the ratings of overall health, 26 percent of the children in early intervention were reported to be taking prescription medication for a chronic condition. Sixteen percent were reported to be using a medical device of some sort, with the most common medical devices being respirators, breathing monitors, and nebulizers. Over a third (34 percent) had been hospitalized at least 1 night since coming home from the hospital, with 7 percent hospitalized for 15 or more days.

With regard to health care, families of nearly all children in early intervention (97 percent) reported that their children had a place to go for regular medical care. Similarly, nearly all children (95 percent) were covered by health insurance. Health insurance can be a powerful determinant of whether children have access to routine health care and even to treatment in the event of illness. Slightly less than half (44 percent) of children were insured through a government insurance program. Last, about one in five families (19 percent) reported that their insurance company had refused to pay for something they tried to get for their child.

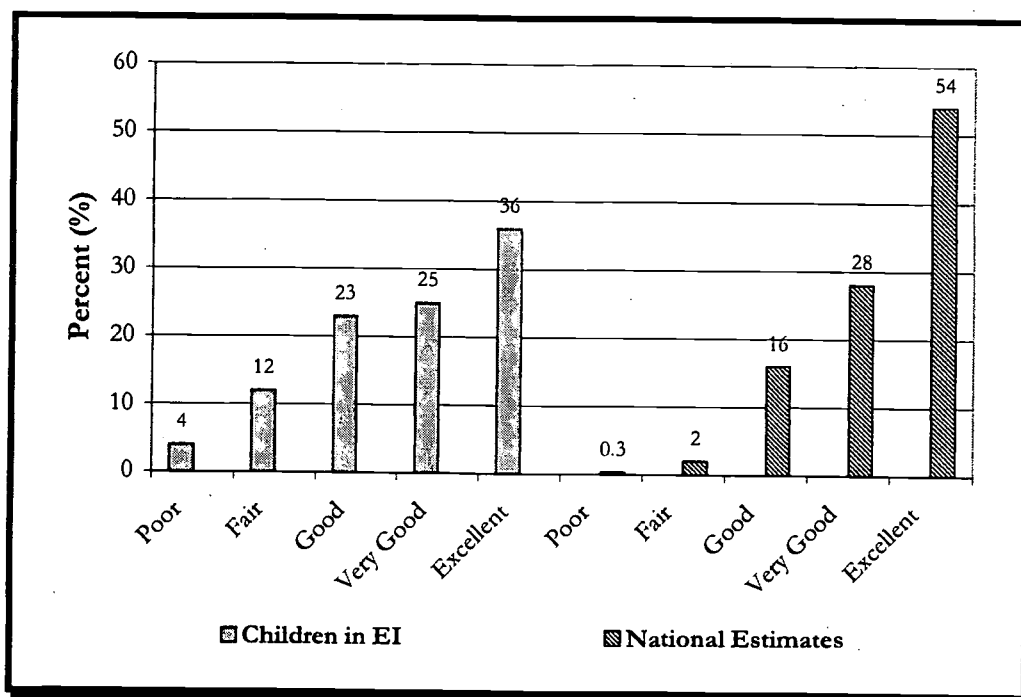
⁵ The national data are for children under age 5. For this reason, some of the differences between the national data and the early intervention data could be due to the older children included in the national data.

Table II-3
Health Status of Children Entering Early Intervention

	Percent
Health Status	
Excellent	36
Very good	25
Good	23
Fair	12
Poor	4
Regularly taking any prescription medication for a specific condition or problem	
Yes	26
No	74
Uses any kind of medical device like an oxygen tank, catheter, or a breathing monitor	
Yes	16
No	84
Hospitalized since coming home from hospital after birth	
No	66
1 to 4 days	16
5 to 14 days	11
15 or more	7
Has a place to go for regular medical care	
Yes	97
No	3
Covered by any health insurance	
Yes	95
No	5
Covered by government-assisted health insurance	
Yes	44
No	56
Ever tried to get insurance to pay for something for child that it wouldn't pay for	
Yes	19
No	81

Source: National Early Intervention Longitudinal Study.

Figure II-1
Distribution of General Health Status Rating of Children in Early Intervention Versus Children Under 5 General Population



Source: Adams, P.F. et al., 1996; National Early Intervention Longitudinal Study.

Behavior

Children vary in temperament and personality style from a very early age. The importance of some of these differences is not readily apparent. Does a 2-year-old who pays attention for a long period of time become the child who stays focused in first grade? Does the aggressive toddler become the 5-year-old with behavior problems? Part of the significance of the NEILS behavioral data rests in their stability or the extent to which early behavior serves as a predictor of later behavior. Across many different behavior items, the same pattern emerged (see table II-4). Some children, usually about half, were reported by their caregiver to have no trouble with a given behavior. Another third of the children were reported as having some difficulty, and 10 to 40 percent of the early intervention children are described as having behavioral challenges. For example, 19 percent of parents reported that it was not like their child to pay attention and stay focused; 25 percent reported that their child was easily startled; 39 percent reported their child was very active and excitable; 11 percent reported their child was often aggressive with other children;

Table II-4
Behaviors of Children Entering Early Intervention as Reported
by Their Caregivers

	Percent
Does things on own even if hard	
Very much like this child	53
A little like this child	32
Not like this child	14
Pays attention and stays focused	
Very much like this child	43
A little like this child	38
Not like this child	19
Jumpy and easily startled	
Very much like this child	25
A little like this child	30
Not like this child	45
Very active and excitable	
Very much like this child	39
A little like this child	31
Not like this child	29
Trouble playing with other children	
No trouble	56
Some trouble	32
A lot of trouble	10
Not around other children	2
Aggressive with other children	
Not at all	39
Sometimes	50
Often	11
Child has sleep trouble	
Rarely or never	53
Sometimes	28
Often	19
How easy is it to take child to the store or an appointment	
Easier than other children his/her age	23
Just as easy	45
A little harder	21
Much harder	11

Source: National Early Intervention Longitudinal Study.

and 19 percent reported that their child has sleep problems. About 1 in 10 parents (11 percent) reported that their child was much harder to take to the store or to an appointment than other children the same age. This could be because of the child's behavior or because the child has medical or other problems which might require special care. These are not all the same children having difficulties in different behavioral areas; rather the findings suggest that there are numerous ways for young children to present challenges within their families, and a minority of early intervention children present each of these challenges. Longitudinal data will reveal whether these challenges persist over time and thus their importance for future growth and development.

Family Characteristics

The family characteristics of young children are extremely powerful predictors of how these children will develop (National Research Council/Institute of Medicine, 2000). In addition to issues related to birth history, health, and health care, there are other factors that constitute risks or facilitators to development. One of the most powerful factors is poverty. The impacts of poverty begin prenatally and accumulate throughout childhood. The following sections present information on family structure and family socioeconomic characteristics. Both of these relate to the issue of resources, human and fiscal, that are available to the child. A well-educated mother of moderate to high income has many resources available to assist with child-rearing, while a poor, uneducated, single mother continually faces new challenges around the type of environment she is able to provide for her children. These differences might be especially significant for a young child with a delay or disability who might need more caregiving than a typically developing infant.

Family Structure

The number of adults in the child's household reveals an interesting picture (see table II-5). Two-thirds of the children entering early intervention were living with two adults in the household. Fifteen percent were living with only one adult, and 18 percent lived in households with three or more adults. The other adult(s) in the household was not necessarily the child's other parent. Recent population data indicate that 23 percent of the birth to 4 population live with a single parent, and 74 percent live with two parents (Federal Interagency Forum on Child and Family Statistics, 2001). Whereas most children entering early intervention (91 percent) were living with their biological or adoptive mother, only 66 percent were in households with their biological or adoptive father. Given that these are children under the age of 3, the percentage of them living with their biological fathers will almost certainly decrease over time.

Table II-5
Family Structure of Children Entering Early Intervention

	Percent
Number of adults in household	
One	15
Two	67
Three	11
Four or More	7
Number of children in household	
One	30
Two	36
Three	19
Four or More	15
Other children in household with special needs	
None	80
One	16
Two	3
Three or More	1
Living with biological or adoptive parent	
Mother	91
Father	66
Age of biological mother at birth of child	
13 to 18	4
18 to 22	16
22 to 30	37
30 to 35	25
35 to 40	14
40 and above	4

Source: National Early Intervention Longitudinal Study.

The data on other children in the household show that 30 percent of those in early intervention had no siblings or other children in their households, and 36 percent were living with only one other child. One-third of the children in early intervention were from households with three or more children. In 20 percent of the households, there was another child with special needs and sometimes more than one. The biological mothers of the children in early intervention were a wide range of ages at the time the child was born. Four percent were born to teenage mothers and another 4 percent were born to mothers over 40, with all of the age groups in between well-represented.

Socioeconomic Characteristics

The level of education of the primary caregiver is also a powerful predictor of a child's development. Many studies have shown a marked difference between children of less-well-educated and educated mothers (Furstenberg, Brooks-Gunn, & Morgan, 1987; Sameroff, Seifer, Barocas, Zax, & Greenspan, 1987; Werner & Smith, 1992). Primary caregivers of the children, most of whom were the child's biological mother, in early intervention came from a variety of education levels. About half had a high school diploma or less; 16 percent had not finished high school. One-fourth of the caregivers had finished college. Hispanic and black children receiving early intervention services were more likely than children from other racial/ethnic groups to have caregivers with less than a high school education, 29 and 25 percent respectively. Fathers were slightly better educated than mothers, with 32 percent of the fathers having graduated from college.

A little more than one-half the mothers were not working, and only 22 percent were working full time. Nearly all the fathers (90 percent) were employed, and most of them were working full time. The data on household income show that more families in the Part C early intervention program tend to be low income than in the general population. Forty-one percent of the families of children in the early intervention system reported family incomes of less than \$25,000 a year. Another 29 percent had incomes between \$25,000 and \$50,000. Although data on families of children ages birth to 3 are not available for the general population, data on families with children 18 and under highlight the extent of poverty among the population served by the Part C program. Only 20 percent of families with children 18 and under in the general population report household incomes of less than \$25,000. Some of the difference in income could be due to the presumably greater work experience of the parents in households with 18-year-old children versus those with infants and toddlers. The differences are so large, however, that age of parent or work force history is not likely to explain the entire difference in income. Another indicator of the relative poverty of families of children in early intervention was the high proportion of families, one in three, who had received welfare or food stamps some time during the past year. A small proportion of families had received Supplemental Security Income (SSI) payments for their child. Despite the relatively low income levels of families in early intervention, slightly more than half reported that they own their home.

Conclusion

The data on the characteristics of children and families receiving early intervention through the Part C program are diverse but do include a few trends. Children are

Table II-6
Socioeconomic Characteristics of Families of Children Entering
Early Intervention

	Percent
Education level of mother/female caregiver	
Less than high school	16
High school diploma/GED	32
Some college	28
BA, BS or higher	24
Education level of father/male caregiver	
Less than high school	11
High school diploma/GED	34
Some college	23
BA, BS or higher	32
Employment status of mother/female caregiver	
Not employed	56
Part time	21
Full time	22
Employment status of father/male caregiver	
Not employed	10
Part time	6
Full time	84
Family Income	
Less than \$25,000	41
\$25 – 50,000	29
\$50 – 75,000	17
Over \$75,000	13
Received welfare or food stamps in the past year	
Yes	32
No	68
Ever received SSI payments for the child	
Yes	15
No	85
Type of Housing	
Own	54
Rent	36
Public housing	8
Other	2

Source: National Early Intervention Longitudinal Study.

eligible for early intervention for a large number of different conditions. When viewed from the perspective of children's functional skills, the data show a small proportion of children who have significant difficulties with hearing, vision, use of arms and hands, or use of legs and feet. A much larger proportion have difficulty communicating. A substantial portion of children in early intervention have poor birth histories, especially black children. Some children in early intervention are in good health, but compared to the general population, higher percentages of early intervention children are reported to be in poor or fair health. Some children in early intervention also present challenging behaviors, while others do not.

The families of children in early intervention are equally diverse. Relatively high proportions of them are low income, even though almost all of their fathers and nearly half of their mothers were employed. Nearly one in three early intervention families had received welfare or food stamps in the past year. However, some families of children in early intervention reported moderate to high education and income levels. In sum, both the children and families in early intervention represent a wide cross-section of all characteristics examined. These child and family characteristics will be examined in future NEILS analyses to see how they relate to outcomes in early intervention and kindergarten.

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Preschoolers Served Under IDEA

The Individuals with Disabilities Education Act (IDEA) requires States to have in effect policies and procedures to ensure the provision of a free appropriate public education (FAPE) to all 3- through 5-year-olds with disabilities in order to be eligible for funds under the Preschool Grants Program and other IDEA funds targeted to children ages 3 through 5 with disabilities. States may also, at their discretion, serve 2-year-olds who will turn 3 during the school year. In addition, IDEA requires States to report data regarding their progress in providing special education and related services to preschoolers with disabilities. This module presents State-reported data on preschoolers served under IDEA for the 1999-2000 school year.

The Number of Preschool Children Served Under Part B of IDEA

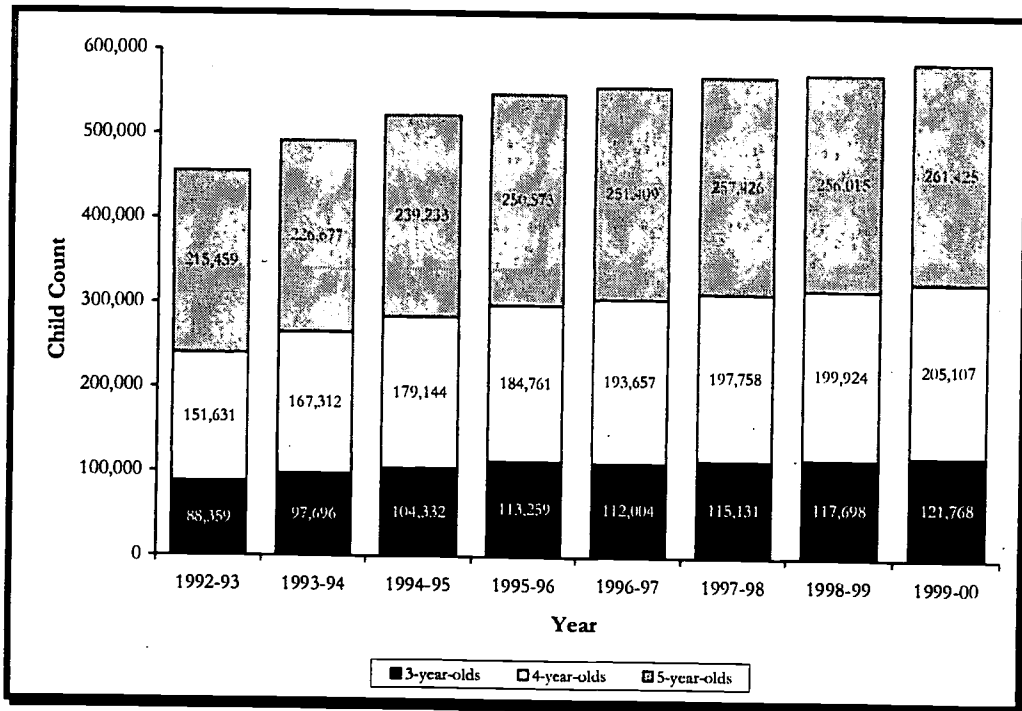
States reported serving 588,300 preschool children with disabilities during the 1999-2000 school year (see table AA1). This number represents approximately 5 percent of all preschoolers who lived in the United States and its Outlying Areas during the year (see table AA8).

Special education enrollment rates continued to vary by State. As in 1998-99, Arkansas, Kentucky, Maine, West Virginia, and Wyoming reported that more than 8 percent of their preschool populations were receiving services. The national average for the percentage of preschoolers receiving services was 5 percent.

At the other end of the continuum, Arizona, California, the District of Columbia, Hawaii, Puerto Rico, and Texas reported serving fewer than 4 percent of their preschool-aged children. These data are consistent with the 1998-99 school year, with the addition of Arizona in the group of States serving fewer than 4 percent of their preschoolers. Outlying Areas continued to report serving comparatively fewer preschoolers with disabilities under IDEA. The Virgin Islands reported serving 2.5 percent, American Samoa reported serving 1 percent, Guam 1.6 percent, and the Northern Marianas 1.3 percent of their preschool population (see table AA8).

Examining the number of children served by discrete age groups suggests that States continued to make progress in identifying younger children and providing services. States reported serving more children within each age group, and the percentage of 3-year-olds receiving services continued to increase at a faster rate than the

Figure II-2
Preschoolers Receiving Services Under Part B 1992-93 – 1999-2000



Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

percentage of 4- and 5-year-olds (see table AA9). Of the total number of preschoolers receiving services in the 1999-2000 school year, 20.7 percent (121,768) were 3 years old, 34.9 percent (205,107) were 4 years old, and 44.4 percent (261,425) were 5 years old. Compared with 1998-99, States served 3.5 percent more 3-year-olds, 2.6 percent more 4-year-olds, and 2.1 percent more 5-year-olds. That States continue each year to serve more 3-year-olds reflects their efforts to identify children with disabilities early and to ease the transition process for eligible children and families who move from Part C to Part B. Figure II-2 shows the number of 3-year-olds, 4-year-olds, and 5-year-olds receiving services under Part B from 1992-93 to 1999-2000.

Overall, States reported that they continued to serve more preschoolers with disabilities under Part B of IDEA in 1999-2000 than in the previous year. Only 12 of the 57 States and Outlying Areas reported a decrease in the number of preschoolers served, and all of those declines were less than 1 percent. The rate of change also increased this year. In 1999-2000, the number of preschoolers served rose 2.5 percent, compared with a 0.6 percent increase between 1997-98 and 1998-99. The

increase in the number of preschoolers reported as receiving services was particularly notable given the 1.2 percent decrease in the general preschool population during the same period.¹

Race/Ethnicity of Preschoolers Served Under IDEA

The 1999-2000 school year was the second year that States were required to report data on the race/ethnicity of children receiving special education and related services. This section of the module compares the racial/ethnic distribution of preschoolers in special education to that of the general preschool population. The section also compares 1999-2000 race/ethnicity data with those reported for 1998-99. Comparisons should be interpreted cautiously, however, as 2 years of data are insufficient to reveal trends, and States may be new to data collection procedures for race/ethnicity.

State-reported data for 1999-2000 indicate that 67.3 percent of preschoolers who received services under IDEA were white (non-Hispanic), 15.7 percent were black (non-Hispanic), 13.7 percent were Hispanic, 2.1 percent were Asian/Pacific Islander, and 1.2 percent were American Indian/Alaska Native (see table AA13). U.S. Census Bureau population estimates indicate that 61.8 percent of children ages 3 through 5 were white (non-Hispanic), 13.7 percent were black (non-Hispanic), 19.3 percent were Hispanic, 4.3 percent were Asian/Pacific Islander, and 0.9 percent were American Indian/Alaska Native. Although these percentages are roughly comparable, they do suggest underrepresentation of Hispanic children and overrepresentation of white children in the Part B preschool population. To a lesser extent, black children appeared to be overrepresented, and Asian/Pacific Islander children appeared to be underrepresented. Table II-7 shows the differences between race/ethnicity representation in the Part B and general preschool populations for 1999-2000.

The racial distribution of preschool children served under IDEA was generally comparable between 1998-99 and 1999-2000. There were slight differences in the race/ethnicity categories of white (non-Hispanic) and Hispanic. From 1998-99 to 1999-2000, the proportion of Hispanic preschoolers served grew by 1.7 percent, and the proportion of white preschoolers served declined by 1.6 percent.

The racial distribution of preschoolers served under IDEA varied by State. Four States—Alaska, Arizona, New Mexico, and Oklahoma—reported serving 40 percent

¹ Population data are based on July 1999 estimates by the U.S. Census Bureau.

Table II-7
Comparison of Race/Ethnicity Representation in the Part B and General
Preschool Populations for 1999-2000

	Percentage in Part B Population, Ages 3-5	Percentage in General Population, Ages 3-5	Difference
White	67.3	61.8	+5.5
Black	15.7	13.7	+2.0
Hispanic	13.7	19.3	-5.6
Asian/Pacific Islander	2.1	4.3	-2.2
American Indian/Alaska Native	1.2	0.9	+0.3

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

of the total number of American Indian/Alaska Native preschoolers served in 1999-2000. California and Hawaii served 42 percent of the total number of Asian/Pacific Islander preschoolers, and California and Texas served 47 percent of the total number of Hispanic preschoolers.

Summary

State-reported data for 1999-2000 show a continued increase in the number of preschool children served under Part B of IDEA, although States continue to vary in the percentage of population served. In this second year of race/ethnicity data collection, comparisons of preschoolers receiving services with the racial/ethnic distribution of the general population suggest that white (non-Hispanic) children were served in numbers that exceeded their representation in the general population. To a lesser extent, this was also true for black preschoolers. In contrast, Hispanic children appeared to be underrepresented in the preschool population. Asian/Pacific Islander children also appeared to be slightly underrepresented among preschoolers receiving special education and related services.

Special Education Teacher Recruitment and Hiring

The United States is experiencing a critical shortage of personnel to meet the needs of children with disabilities. In 1998-99, approximately 387,284 teachers were employed to provide special education services to students with disabilities. However, 39,466 of those teachers were not fully certified for their positions.

Ensuring an adequate supply of high-quality personnel to serve students with disabilities is important to meeting the letter and spirit of the Individuals with Disabilities Education Act (IDEA). During the last reauthorization hearings for IDEA, Congress heard testimony from numerous stakeholders emphasizing the need for highly qualified service providers. In amending IDEA in 1997, Congress reasserted its support for high-quality, intensive professional development that will give personnel the knowledge and skills they need to help students meet challenging education goals and lead productive, independent lives (§601(c)(5)(E)).

Since the early 1970s, Congress has provided a variety of funds to State educational agencies (SEAs), institutions of higher education, and other nonprofit institutions for personnel preparation. For example, Congress has consistently made the Personnel Preparation Program the most highly funded discretionary program under Part D of IDEA, appropriating \$82 million for the program in fiscal year 2001. The Office of Special Education Programs (OSEP) awards competitive grants to assist States in meeting their identified personnel needs. As further evidence of its concern about and commitment to ensuring an adequate supply of high-quality personnel to serve students with disabilities, OSEP awarded a contract to Westat to conduct the national Study of Personnel Needs in Special Education (SPeNSE).

Description of SPeNSE

SPeNSE was designed to address concerns about nationwide shortages in the number of personnel serving students with disabilities and the need for improvement in the qualifications of those employed. SPeNSE will describe the adequacy of the workforce and attempt to explain variation in workforce quality based on State and local district policy, working conditions, preservice education, and continuing professional development.

SPeNSE includes personnel from a nationally representative sample of districts, intermediate educational agencies, and State schools for students with vision or hearing impairments. In spring and fall of 2000, approximately 8,000 local

administrators, preschool teachers, general and special education teachers, speech-language pathologists, and paraprofessionals participated in a telephone interview. (Additional information on the study can be found on the study's web site, www.spense.org.) Special education administrators of 358 school districts, intermediate educational units (IEUs), and State schools for students with hearing or visual impairments were interviewed.

Information from the survey of administrators on the demand for special education teachers and local administrators' efforts to fill job openings for teachers have been analyzed; nationwide estimates based on their responses are presented in this module. Additional analyses and publications that will be available in the near future will examine the relationship between these factors and the extent to which personnel are adequately prepared to serve students with disabilities.

The Demand for Special Education Teachers

For the 1999-2000 school year, special education administrators¹ reported 69,249 job openings for special education teachers. These open positions included 5,914 teachers of preschool students, 2,738 teachers of primarily students with hearing or visual impairments, 12,013 teachers of students with emotional disturbance, and 48,584 other special education teachers. It should be noted that these reported openings may represent multiple openings for one or more positions. For example, if a special education teacher moves from one district to another, he or she may be counted twice as an opening because he or she filled one job opening while creating another. Almost 97 percent of districts had at least one special education opening during the 1999-2000 school year. On average (using the mean), districts² reported having openings for less than one preschool teacher (.58) and teacher of primarily students with hearing or visual impairments (.27). One vacancy per district was the mean for teachers of primarily students with emotional disturbance, and on average, districts needed five other special education teachers during the 1999-2000 school year. Thus, the average district had approximately 7 openings for special education teachers during the year.

The administrators also indicated that as of October 1, 1999, there were 12,241 funded positions that were left vacant or were filled by substitutes because suitable candidates could not be found. Among this total were 612 teachers of preschool

¹ These individuals include school district special education directors, IEU special education directors, and representatives of State schools for students with visual or hearing impairments.

² For purposes of this module, the term district will refer to the school districts, IEUs, and State schools represented by the administrators interviewed.

Table III-9
Proportion of Administrators Viewing New Special Education Hires To Be
Excellent Personnel by Size of School District

Size of District	Mean Proportion ^{a/}
Very large	62.3
Large	75.0
Medium	80.9
Small	89.2

a/ F=.000; means of large and medium-sized districts were not significantly different.

Note: All differences between groups are significant at $p < .05$ except large and medium districts.

Source: SPeNSE Administrator Survey, Item MD8.

students, 385 teachers of students with hearing or visual impairments, 2,970 teachers of students with emotional disturbance, and 8,274 other special education teachers.

As of October 1, 1999, administrators reported that there were 50,310 newly hired special education teachers across the country, including 3,354 preschool teachers, 1,407 teachers of students with hearing or visually impairments, 8,027 teachers of students with emotional disturbance, and 37,522 other special education teachers. While administrators across the country were able to hire only some of the new teachers they needed, they felt that 85 percent of all newly hired teachers and service providers in the last 3 years were excellent at the time they started. The proportion viewed as excellent, however, was negatively related to the size of the district.³ That is, administrators from small districts judged a greater proportion of their special education personnel to be excellent than did administrators from larger districts (see table III-9).

Administrators were also asked how many person days of substitute teaching they used in a typical week for special education teachers. For the nation, slightly over 50,000 (50,024) person days of substitute teaching were used each week. Assuming that there are 36 weeks in the typical school year, the total number of person days of

³ Analyses by size of district excluded IEUs. Very large districts are defined as districts with total enrollments of over 50,000 students. Large districts have enrollments of from 10,000 to 50,000 students. Medium districts have enrollments from 2,500 to 10,000 students, and small districts have enrollments under 2,500 students.

Table III-10
Percent of Districts Using Different Methods To Recruit Special Education Teachers and Related Services Providers

Recruitment Method	Percent	Standard Error
Advertise in national education publications	22.6	3.5
Advertise in local publications	96.8	1.4
Contact educators in other schools and agencies	97.2	1.5
Contact teachers' organizations	54.8	4.6
Contact colleges and universities	98.0	1.5
Use any other special recruitment efforts	92.2	74.5

Source: SPeNSE Administrators Survey, Item MB8.

substitute teachers needed in a school year would be 1,800,864. This is the equivalent of 10,048 full-time substitute teachers each year across the country.

Teacher Recruitment Efforts

Administrators reported using a variety of methods to recruit special education teachers; most were traditional methods, while others involved new technology and activities. As can be seen in table III-10, almost all of the administrators recruiting special education teachers and related service providers in the last 3 years used local publications, contacted educators in other schools, or contacted colleges and universities. Over half of all administrators recruiting special education teachers contacted teacher organizations (55 percent), while only 23 percent advertised in national publications. Other methods of recruitment were reported by 92 percent of administrators and included listing job openings on a web site, participating in job fairs, and working with their State departments of education or using State resources to recruit candidates.

Advertisements in local publications, contacts with educators in other schools, and contacts with colleges and universities were used uniformly across districts in different regions,⁴ of different sizes, of different metropolitan status,⁵ and with

⁴ Region is defined in terms of the six Regional Resource Centers funded by OSEP.

⁵ The variable used is defined by the U.S. Census Bureau; it includes a central city of a metropolitan statistical area (MSA), an MSA but not a central city, and outside an MSA.

different levels of poverty.⁶ Contacting teacher organizations was less frequently used by districts, but no differences existed across districts based on region, size, metropolitan status, or level of poverty. Small and medium-sized districts were less likely to advertise in national publications than were larger districts. Metropolitan status, poverty, and region did not have an impact on the use of national publications.

Another recruitment tool that has been promoted by some educators is the use of incentives such as signing bonuses, placing newly hired personnel on a higher step of the salary schedule, providing an increase in base salaries or other raise in salary through reclassification, or providing additional fringe benefits. Administrators were asked if they used these types of incentives to recruit or retain special education teachers and service providers for the 1999-2000 school year. Only 15 percent indicated that they had used such incentives. Among these districts, bonuses were used most frequently; however, the districts using bonuses represented only about 7 percent of the number of districts nationwide.

Smaller districts were less likely to use incentives than larger districts, with very large districts most frequently using incentives. Perhaps surprisingly, district poverty had little impact on the use of incentives; that is, wealthier districts were no more likely to use incentives than were poor districts.

Some school districts offered other benefits to entice teachers to take jobs in their districts. For example, some districts offered free training to prepare staff members to become special education teachers or to obtain additional certification, licensure, or endorsement. Nationwide, 46 percent of district administrators maintained that such training was available. However, this training was offered more frequently by districts in the Mid-South than by districts in the Northeast, Great Lakes, Mountain Plains, and Western regions. Small districts were less likely to offer free training than were very large and medium districts.

In addition, many States currently utilize a combined general and special education web-based statewide recruitment approach. The web-based approaches frequently include:

- A single application that can be submitted to some or all districts;

⁶ Poverty was operationalized using the Orshansky index (percent of students below the Federal poverty level as a proportion of all students enrolled in the district). These data were obtained from the January 2000 Quality Education Data (QED) file. Districts were assigned a relative poverty index (1-4) based on the quartiles of the range of Orshansky scores.

- Links to local newspapers and cultural resources;
- Links to State certification offices; and
- Links to higher education programs.

Many States report that the web-based approach has been highly effective.

Criteria Used in Hiring Teachers

Research demonstrates that teacher shortages may not be due to insufficient numbers of individuals seeking teaching positions. Instead, such shortages may be the result of an insufficient supply of teachers with the qualities sought by school districts (Boe, Bobbitt, & Cook, 1996). To examine the qualities sought by administrators in hiring special education teachers, the SPeNSE questionnaire asked about the criteria used to evaluate teaching applicants.

Several evaluation criteria were used by more than 80 percent of the districts nationwide (see table III-11). These criteria included full certification for the students, subjects, and grade levels to be taught; at least an emergency or temporary State certification or endorsement for the specific teaching assignment; graduation from a State-approved teacher education program; a college major or minor that matches the teaching assignment; and the passage of a State test of basic skills. About 75 percent of all agencies reported that they use passage of a State test of subject knowledge; 56 percent used passage of the National Teachers Examination (NTE) or the Praxis Series Core Battery Test of Professional Knowledge. Eighteen percent of administrators reported using other criteria, such as prior experience/professional background, references and recommendations or referrals, and academic performance. Nearly all administrators (96 percent) reported that they often obtain an appraisal from an applicant's former principal, supervisor, or supervising teacher before making a job offer.

Virtually all administrators (99.9 percent) reported using full standard State certification as a criterion for evaluating job candidates. Graduation from a State-approved program, possession of at least an emergency or temporary State certification or endorsement, and having a major or minor that matches the teaching assignment were also widely used by districts, regardless of region, size of district, metropolitan status, or level of district poverty. Districts in the Northeast and Mid-South were more likely to consider passage of the NTE or Praxis than were districts in other regions. The Mountain Plains region was less likely than the Mid-South, Southeast, Great Lakes, and Western regions to use basic skills tests. These last two findings are undoubtedly a function of the certification policies of individual States.

Table III-11
Percent of Districts Using Different Selection Criteria for General and
Special Education Teachers

Selection Criteria	Percent	Standard Error
Full standard State certificate for the students, subjects, and grade levels to be taught	99.9	0.0
At least an emergency or temporary State certificate or endorsement for teaching assignment	86.7	2.9
Graduation from a State-approved teacher education program	88.8	2.8
College major or minor that matches the teaching assignment	88.2	2.9
Passage of State test of basic skills	82.5	3.0
Passage of State test of subject knowledge	74.7	3.3
Passage of NTE or the Praxis Series Core Battery Test of Professional Knowledge	55.9	4.0
Any other criteria	18.0	3.4

Source: SPeNSE Administrators Survey, Item MD1.

Barriers To Hiring Teachers

Many researchers and policymakers have speculated as to why it is so difficult to recruit special education teachers. Suggested explanations range from low salaries and lack of qualified candidates, to constraints posed by unions, schools' control over hiring, and affirmative action. Through the SPeNSE survey, local administrators have provided the first national look at the barriers they faced in recruiting special education teachers over the last 3 years.

Table III-12 indicates that some factors were viewed by the majority of administrators as significant barriers to hiring while others were not. More than 80 percent of administrators concluded that the shortage of qualified applicants was a great or moderate barrier to hiring special education teachers, confirming the findings of Boe and his colleagues (1996). The only other factors considered moderate or great barriers to hiring by more than 40 percent of administrators were geographic location (50 percent), openings becoming available too late in the year (44 percent), and insufficient salary and benefits (59 percent). Examining the mean values of the administrators' responses, the relative rankings of the barriers were the same. However, few administrators reported that other institutional barriers were problematic. Inability to offer job security (9 percent), schools having too much control over hiring decisions (6 percent), constraints imposed by affirmative action

Table III-12
Percent of Districts Viewing Factors as a Barrier To Obtaining Qualified Special Education Teachers in the Last 3 Years

Barrier	Not At All		To a Small Extent		To a Moderate Extent		To a Great Extent		Mean Value (1-4)
	Percent	Standard Error	Percent	Standard Error	Percent	Standard Error	Percent	Standard Error	
Shortage of qualified applicants	4.4	2.0	12.1	3.3	32.0	3.9	51.5	4.5	3.3
Insufficient salary and benefits	21.5	3.4	19.6	3.5	41.9	4.4	17.0	3.3	2.5
Inability to offer job security	68.9	3.9	22.1	3.3	7.2	2.3	1.8	1.7	1.4
Unwillingness to teach the types of students in your district	55.1	4.2	20.0	3.4	18.7	3.6	6.3	2.3	1.8
Perceptions of the working environment in your district	54.0	4.3	29.6	4.3	10.6	2.8	5.7	2.3	1.7
Difficulty identifying the applicant with the best qualifications	59.8	4.2	25.1	3.8	12.8	2.8	2.3	1.4	1.6
Openings becoming available too late	27.4	4.1	28.5	3.8	30.2	3.9	13.9	3.5	2.3
Schools having too much control over hiring decisions	76.8	3.8	17.0	3.2	6.2	2.2	.03	.009	1.3
Constraints imposed by unions or associations	69.4	3.9	17.5	3.2	11.9	2.6	1.2	.5	1.4
Constraints imposed by affirmative action	85.9	2.8	12.9	2.7	1.2	.9	.03	.01	1.2
Geographic location of school	25.9	3.4	23.6	3.4	29.4	4.1	21.0	4.0	2.5

Source: SPeNSE Administrators Survey, Item MB11.

(1 percent), and constraints imposed by unions or associations (13 percent) were not generally seen as great or even moderate barriers to recruiting special education teachers.

Very large districts were more likely than small and medium-sized districts to see the shortage of qualified applicants as a problem. Districts in the Northeast were less likely to report this as a barrier than were districts in the Southeast, Great Lakes, and Mountain Plains regions; this may be a function of the large number of teacher training institutions in the Northeast region. Insufficient salary and benefits were more often viewed as a barrier by the poorest districts than by more wealthy districts. MSA suburban districts were less likely to view insufficient salary and benefits as a barrier than were non-MSA districts.

Small districts viewed the geographic location of the school as a barrier to hiring to a greater extent than did larger districts. Relatedly, districts outside MSAs were more likely to report geographic location as a barrier than were districts within MSAs. Districts in the Northeast were less likely than those in the Southeast, Great Lakes, and West to report openings becoming available too late as a barrier; this again may be related to the large number of teacher training programs in the Northeast.

Conclusions

Across the country, administrators responding to the SPeNSE survey reported having almost 70,000 openings for special education teachers at some time during the 1999-2000 school year. Virtually every district, IEU, and State school for students with hearing impairments or visual impairments had an opening for a special education teacher. On average there were seven openings per district.

The SPeNSE administrator survey provides some explanations and potential solutions to shortages of special education teachers. When asked about barriers to finding teachers, administrators noted that the most significant barriers were related to the supply of quality teachers and to salary and benefits rather than to institutional barriers such as job security, schools' control of the hiring process, and the impact of unions and affirmative action. This suggests that policymakers should put additional efforts into increasing the supply of quality teachers, working to raise teacher salaries and benefits, and attempting to equalize salaries across districts.

Perhaps two of the most problematic hiring barriers cited by administrators are the district's geographic location and the fact that openings become available too late in the year. New approaches to recruitment may help to overcome these barriers. Administrators noted that they overwhelmingly used traditional methods of finding

new teachers, such as advertising in local newspapers and contacting local colleges and universities. Relatively few administrators reported using methods such as posting job openings on the World Wide Web. The lack of success that administrators reported in finding qualified teachers and the number of positions left vacant or filled by substitutes suggests that new methods of recruitment need to be more widely utilized. For example, the Mountain Plains Regional Resource Center at Utah State University and the Kansas Department of Education have developed and implemented an Internet-based system that allows school administrators to post regular and special education job openings and provide information about the school and community. Applicants can submit applications and resumes to the school district online. The system has been extended to other States, and those using it have reported success in recruiting regular and special education staff. Their experience suggests that a nationwide system of online recruitment might prove helpful in hiring teachers who are interested in various geographic locations and available late in the hiring season.

While administrators across the country were generally pleased with the teachers they recruited, many openings remained at the beginning of the school year, and some administrators reported that the applicants they hired were not excellent teachers. Some openings were filled by substitutes, while others were left vacant because administrators were unable to hire teachers with the qualities they sought. These findings suggest that greater efforts need to be made to ensure congruence between teacher training programs and the qualities that administrators seek in special education teachers.

Future SPeNSE publications will examine the extent to which special education personnel are adequately prepared to serve students with disabilities, variation in personnel preparation, and factors that explain that variation. Results from those analyses will provide additional information to guide policy development at the national, State, and local levels to ensure an adequate supply of highly trained personnel to serve students with disabilities.

References

- Boe, E.E., Bobbitt, S.A., & Cook, L. (1996). *Whither didst thou go? Retention, assignment, migration, and attrition of special education and general education teachers in national perspective*. Philadelphia, PA: University of Pennsylvania, Center for Research and Evaluation in Social Policy.

Services Received by Children and Families Entering Early Intervention

Service delivery under Part C of the Individuals with Disabilities Education Act (IDEA) has been found to vary depending on a variety of factors (Harbin, McWilliam & Gallagher, 2000; Hebbeler, 1997; Kochanek & Buka, 1998; Spiker, Hebbeler, Wagner, Cameto, & McKenna, 2000). In part, this is due to the fact that there was considerable variation in the history of early intervention service delivery prior to the implementation of Part C. The law further allowed States some latitude in implementing Part C. Understanding the nature of early intervention is clearly of significance at many levels, including the development of Federal and State policies to improve services and ultimately the results of those services. Describing the nature of early intervention, however, is not a straightforward task. Early intervention can be described with regard to many different features and, as yet, we do not know which features of early intervention are the most important. Early intervention can be characterized with regard to type of service (e.g., speech therapy, nutrition services, etc.), location of service (home, specialized center, etc.), or provider of service (nurse, physical therapist, etc.), to mention just a few potential critical features.

Data on Part C services have been collected from States by the Office of Special Education Programs (OSEP) for the past several years and are reported in tables AH1 through AH12 of this report. There also exist some data from statewide evaluations (e.g., Farel, Schackelford, & Hurth, 1997; Roberts, Innocenti, & Goetze, 1999). The National Early Intervention Longitudinal Study (NEILS) adds considerably to what is known about early intervention services by providing more in-depth information about multiple features of services provided to a nationally representative sample of 3,338 children and families. These infants and toddlers and their families began receiving early intervention services for the first time in 1997-98. This module provides initial information about their first 6 months of service.

At the time of enrollment into early intervention, when families completed and signed the initial individualized family service plan (IFSP), staff members at agencies enrolling families into NEILS were asked to name one of the early intervention professionals who would be most knowledgeable about the services that the child and family would be receiving. Frequently, this individual was the family's designated service coordinator, but he or she could be any type of professional familiar with the services provided to the child and the family. Six months after the signing of the initial IFSP, this provider was asked to complete a NEILS Service Record to report information about the services provided to the child and family during the prior 6

months. The service data reported here are weighted to represent the national population of infants and toddlers entering early intervention.

The following questions are addressed in the data from NEILS reported here:

- (1) What types of early intervention services are provided to infants, toddlers and their families?
- (2) Where are early intervention services provided (i.e., locations or settings)?
- (3) What are the types of providers who are delivering early intervention services to infants, toddlers and their families?
- (4) What are the reasons that those early intervention services scheduled for infants, toddlers and their families are missed, when they are missed?
- (5) How well are the infants and toddlers receiving early intervention services progressing towards the goals specified in their individualized family service plans (IFSP)?

Receipt of Early Intervention Services and Types of Services

Six months after enrollment into early intervention (defined as signing the initial IFSP), 81 percent of infants and toddlers and their families were still enrolled in early intervention. Of those who were no longer enrolled in early intervention after 6 months, 3 percent of the children had died, 37 percent were no longer eligible for services because they no longer met the State's eligibility criteria for developmental delay or they had reached 36 months of age, and 24 percent had moved away or had a change in custody/household. Significant minorities of families had discontinued services (18 percent) or could not be located by early intervention providers (11 percent).

Federal law specifies the types of services that are designated as early intervention services. The percentages of children and families receiving these and other services are shown in table III-13. The most frequently provided service was service coordination, which was provided to 80 percent of the families. (It should be noted that the family may decline this service or choose to perform this coordination function themselves. Some respondents may also have neglected to identify service coordination because it is a service to which every family is entitled.) Social work services were provided to 12 percent of NEILS families, and it is possible that these providers performed some of the functions considered under the rubric of service

Table III-13
Early Intervention Services Received by Children and Families During the
First 6 Months, as Reported by Service Providers

Service	Percent
Assistive technology	4
Audiology	14
Behavior management services	6
Developmental monitoring	38
Family counseling/mental health counseling	4
Family training	20
Other family support	10
Genetic counseling/evaluation	3
Health services	7
Medical diagnosis/evaluation	11
Nursing services	7
Nutrition services	7
Occupational therapy	39
Physical therapy	38
Psychological or psychiatric services	4
Respite services	4
Service coordination	80
Social work services	12
Special instruction for the child	44
Speech/language therapy	53
Translation services (interpreter)	2
Transportation and/or related costs	7
Vision services	6
Other	2

Notes: Percentages sum to more than 100 percent because children and families could receive more than one service.

Percentages exclude 2.3 percent of children and families who received no services in the first 6 months after signing the IFSP.

N=2,651.

Source: National Early Intervention Longitudinal Study.

coordination. One major goal of the Part C legislation was to provide families with better coordination of services (Roberts, Behl, & Akers, 1996; Roberts, Innocenti, & Goetze, 1999).

Since Part C was enacted to enhance the development of infants and toddlers with disabilities or at risk for developmental delay, it is not surprising that direct services related to supporting and promoting the child's development and functioning were

frequently provided. After service coordination, different therapy services were the next most common service provided. Speech therapy was provided to about half of all NEILS children (53 percent) during their first 6 months in early intervention. Occupational therapy and physical therapy were provided to about 4 in 10 children (39 percent and 38 percent, respectively). Special instruction to the child was another common service, provided to about 4 in 10 children (44 percent).

Another important area of early intervention service is that of evaluation and assessment of the child's development, health, and overall functioning. Developmental monitoring was a commonly provided service, provided to 38 percent of the children. Other services that relate to a variety of evaluation and assessment needs of children and families were provided to significant minorities of families. For instance, 14 percent received audiology services, 11 percent received medical diagnosis or evaluation services, and 3 percent received genetic counseling.

One of the fundamental goals of the Part C program is to provide support to improve families' capacity to meet the special needs of their infants and toddlers (Bailey et al., 1998; Wesley, Buysse, & Tyndall, 1997). To this end, services related to family training and other family support were provided fairly frequently. For instance, of the family-related services shown in table III-13, 20 percent of families received family training, 10 percent received other family support services, 12 percent received social work services, and 4 percent received family or mental health counseling services.

Most of the children and families (77 percent) received between two and six different services, with about one in five receiving two different services (18 percent), three different services (19 percent), or four different services (17 percent). Nearly 1 in 10 families received eight or more services during the first 6 months in early intervention.

Location of Early Intervention Services

Early intervention services can be provided in a variety of settings. Federal law specifies that services should be provided in natural environments to the maximum extent appropriate, which for infants and toddlers means the home and community settings in which children without disabilities participate (e.g., child care or preschool programs).

The majority of infants and toddlers received services in a home or community setting. Nearly 8 in 10 infants and toddlers in the NEILS sample (78 percent)

Table III-14
Locations of Early Intervention Services Received During the First 6 Months After the Initial IFSP as Reported by Service Providers

	Percent
In the family's home	78
In a family day care/preschool/nursery school	10
In a specialized center-based early intervention program	28
In a clinic or office (e.g., hospital-based clinic, therapist office)	29
Another setting (e.g., inpatient services in a hospital)	5

Notes: Percentages sum to more than 100 percent because children and families could receive more than one service.

Percentages exclude 2.3 percent of children and families who received no services in the first 6 months after signing the IFSP.

N=2,651.

Source: National Early Intervention Longitudinal Study.

received services in the home (see table III-14). One in 10 children (10 percent) received services in a family day care, nursery, or preschool setting, and a small percentage received services in other settings, including community-based programs like a gym or YMCA program or various types of community-based offices. Finally, 3 in 10 children received services in specialized early intervention programs (28 percent) or clinics (29 percent). Most children and families received services in one (58 percent) or two (33 percent) different settings. Eight percent received services in three settings, and 1 percent were served in four settings.

Types of Providers of Early Intervention Services

There is a wide variety of early intervention services; thus, many different kinds of personnel provide these services (table III-15). The most common types of early intervention providers were service coordinators, speech and language therapists, occupational and physical therapists, child development specialists, and special educators.

Most of the children and families had two or more different types of providers delivering services to them. About half of the NEILS families (46 percent) had two or three providers working with them, while another 28 percent of families had four or five different providers working with them. For a small minority of families (13 percent), there were as many as six or more different types of providers at one or more agencies working with their child and family.

Table III-15
Types of Providers of Early Intervention Services to Children and Families
During the First 6 Months After the Initial IFSP as Reported by Service
Providers

Type of Provider	Percent
Audiologist	12
Behavior therapist	2
Child development/infant specialist	33
Family support specialist	5
Family therapist/mental health professional	1
Nurse	9
Nutritionist	5
Occupational therapist	38
Occupational therapy assistant	3
Orientation/mobility specialist	<1
Paraprofessional	5
Parent (other than parent of the child)	1
Pediatrician	7
Physical therapist	39
Physical therapy assistant	2
Psychologist/psychiatrist	6
Physician	7
Service coordinator	64
Social worker	10
Special educator	29
Speech/language therapist/pathologist	53
Vision specialist	5
Other	4
Number of different types of providers	
None	1
One	13
Two	23
Three	23
Four	17
Five	11
Six	6
Seven	4
Eight or more	3

Notes: Percentages for types of providers sum to more than 100 percent because children and families could receive services from more than one provider.

Percentages exclude 2.3 percent of children and families who received no services in the first 6 months after signing the IFSP.

N=2,651.

Source: National Early Intervention Longitudinal Study.

The providers who completed the NEILS Service Records were asked to indicate whether the different providers consulted with each other on a regular basis in order to coordinate and share information. Because children and families may receive multiple services from different providers, consultation among providers is an essential component of an effective service delivery system (Paisha & Wesley, 1998; Roberts, Behl, & Akers, 1996). Such consultation was reported for 94 percent of the families. For 14 percent of the families, one or more early intervention professionals working with the family consulted regularly with the child's day care or preschool teacher.

Reasons for Missing Early Intervention Services

Understanding the differing reasons that children and families miss scheduled services is important for the design and improvement of local early intervention systems, including issues related to staffing and allocation of expenditures, among other issues. For instance, if family factors, such as lack of transportation, prevent families from consistently participating in early intervention services, knowing which factor is a barrier may suggest a specific strategy for program improvement. Another strategy might be developed in response to knowing that missed services are due to a lack of available staff.

Nearly 2 in 10 children and families missed no services in the first 6 months after entering early intervention (see table III-16). Of those who did miss some services during that time, nearly 6 in 10 (58 percent) did so for reasons associated with the child, such as illness. Another 46 percent missed services because of reasons related to family circumstances, such as lack of transportation. More than one-fourth of families missed services due to problems related to programs or providers, such as provider illness or lack of available staff. This is consistent with other studies that have shown that families do not typically receive all of the services they are scheduled to receive. For instance, Kochanek & Buka (1995) reported that 72 percent of the total number of services scheduled for infants, toddlers, and their families were actually provided. They also found that the major reason for missing services was due to factors related to families being unable or electing not to use the services offered. This study did not distinguish between reasons related to the child versus those related to the family.

Perceived Progress Toward IFSP Outcomes

Finally, providers were asked to rate the child's progress toward achieving the outcomes specified on the IFSP. Providers gave positive progress ratings for the majority of children. Forty-nine percent of the children were rated as making about

Table III-16

Reasons Children and Families Missed Early Intervention Services During the First 6 Months After the Initial IFSP as Reported by Service Providers

	Percent
No services missed in the past 6 months	19
Missed for reasons related to child (e.g., illness)	58
Missed for reasons related to family (e.g., transportation problems, forgot appointment)	46
Missed for reasons related to program or provider (e.g., provider illness, staff not available)	27
Unknown	22

Notes: Percentages for reasons for missing services sum to more than 100 percent because families could miss services for more than one reason.

N=2,651.

Source: National Early Intervention Longitudinal Study.

as much progress as expected, and 23 percent were rated as making more progress than expected. Only 12 percent of NEILS children were rated as making less progress than expected. Progress ratings were not provided for 16 percent of the children. Future analyses will examine these ratings in relation to other information. For example, it will be important to determine how these ratings correspond to other indicators of child progress and how they relate to the actual services received, as well as to other data obtained from parents via the annual phone interviews, (e.g., disability types, family demographic characteristics).

Summary

This in-depth first national look at the services received by infants and toddlers and their families in the first 6 months after entering the Part C early intervention program shows that there is considerable variability with regard to service types and characteristics. Most children and families received between two and six different early intervention services, with about 8 in 10 families receiving service coordination. Therapy services and special instruction for the child were the most frequently provided services, with nearly half of all children receiving speech therapy and nearly 4 in 10 receiving special instruction for the child, physical therapy, or occupational therapy. Services were provided in a variety of settings, but the vast majority of families (78 percent) received some services in their homes. Most children and families received services in either one setting (58 percent) or in two settings (33 percent). Additional analyses which include more information about the combination and intensity of services and how these aspects of services relate to child and family characteristics and outcomes will be forthcoming in future reports from NEILS.

A wide variety of professionals and paraprofessionals provided early intervention services to children and families. Providers reported consultation among providers for 94 percent of the families, suggesting a significant degree of collaboration and information-sharing among the personnel providing early intervention services. For 14 percent of the families, one or more early intervention personnel consulted with the child's day care providers or preschool teachers. Additional analyses will examine the percentage of children in child care settings to provide further insight into this estimate.

In future reports from NEILS, the information about services and providers reported here will be examined in the context of data about the backgrounds and training of early intervention personnel and the characteristics of early intervention programs and agencies. Ultimately, service and provider data will also be used to determine how these service characteristics relate to child and family outcomes.

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State Improvement and Monitoring

The Office of Special Education Programs (OSEP) has designed its Continuous Improvement Monitoring Process to support the central themes of the Individuals with Disabilities Education Act (IDEA) Amendments of 1997: improved results for children with disabilities, parent involvement, and accountability.¹ OSEP has been working with States, parents, and other advocates to shape OSEP's accountability work in a way that drives and supports improved results for infants, toddlers, children, and youth with disabilities without sacrificing any effectiveness in ensuring that the individual rights of children with disabilities and their families are protected.

OSEP has designed and implemented its Continuous Improvement Monitoring Process around the following critical themes:

Continuity. An effective accountability system must be continuous rather than episodic, it must be clearly linked to systemic change, and it must integrate self-assessment and continuous feedback and response.

Partnership with Stakeholders. OSEP must partner with parents, students, State and local educational agencies, and other Federal agencies in a collaborative process that includes stakeholders at every juncture. The process should include setting of goals and benchmarks; collection and analysis of self-assessment data; identification of critical issues and solutions to problems; and development,

¹ In the IDEA Amendments of 1997, Congress clearly defined the purposes of IDEA:

- (1) (A) to ensure that all children with disabilities have available to them a free appropriate public education that emphasizes special education and related services designed to meet their unique needs and prepare them for employment and independent living; (B) to ensure that the rights of children with disabilities and parents of such children are protected; and (C) to assist States, localities, educational service agencies, and Federal agencies to provide for the education of all children with disabilities;
- (2) to assist States in the implementation of a statewide, comprehensive, coordinated, multidisciplinary, interagency system of early intervention services for infants and toddlers with disabilities and their families;
- (3) to ensure that educators and parents have the necessary tools to improve educational results for children with disabilities by supporting systemic-change activities; coordinated research and personnel preparation; coordinated technical assistance, dissemination, and support; and technology development and media services; and
- (4) to assess, and ensure the effectiveness of, efforts to educate children with disabilities (§601(d)).

implementation, and oversight of improvement strategies to ensure compliance and improved results for children and youth with disabilities.

State Accountability. States must assume accountability for measuring and reporting progress, identifying weaknesses, and identifying and implementing strategies for improvement.

Self-Assessment. Each State must work with stakeholders to design and implement an ongoing self-assessment process that is focused on improving results for children and youth with disabilities and that facilitates continuous feedback and use of information to support continuous improvement. OSEP will periodically visit programs in the State to verify the self-assessment.

Data-Driven. The continuous improvement monitoring process in each State must be driven by data that focus on improved results for children and youth with disabilities. Each State collects and uses data on an ongoing basis, aligned with the State's performance goals and indicators and with regular OSEP review. States and OSEP will compare data across States, school districts, and early intervention service providers to identify needs and strategies for improvement. Some of the available data which can be critical to the self-assessment and validation process include those regarding graduation and dropout rates, performance of students with disabilities on state- and districtwide assessments, rates at which children with disabilities are suspended and/or expelled from school, and identification and placement of students from racial/ethnic minority backgrounds.

Public Process. It is important that the self-assessment and monitoring process be public and that self-assessment results, monitoring reports, and improvement plans be broadly disseminated.

Technical Assistance. Because the focus of the monitoring process is on continuous improvement, technical assistance is a critical component. OSEP therefore prioritizes the provision of such assistance as a component of its onsite work in each State. OSEP encourages States to include a technical assistance plan as part of their correction/improvement plan and to utilize the Regional Resource Centers (RRCs) and the National Early Childhood Technical Assistance System (NECTAS) to provide and broker technical assistance throughout the continuous improvement process. The identification and dissemination of promising practices are critical components of effective technical assistance.

Evidence of Change That Improves Results for Children with Disabilities and Their Families. To be effective, the monitoring process must result in documented evidence of change that improves results for children with disabilities and their families, rather than just evidence of changes in State or local policies and documents.

The continuous improvement monitoring cycle is ongoing and consists of the following phases:

Self-Assessment. The State works with a steering committee of stakeholders with diverse perspectives to develop and implement a self-assessment to evaluate the State's effectiveness in achieving compliance and in improving results for children and youth with disabilities and their families.

Validation Planning. The steering committee, made up of representatives of stakeholder groups and selected by the State educational agency (SEA) and lead agency, works with OSEP staff to plan strategies for validating the self-assessment results, including, if appropriate, onsite collection of data by OSEP. The validation planning stage includes meetings conducted by the SEA to obtain focused public input, review the self-assessment, and develop a monitoring plan, which can include offsite and/or onsite strategies.

Validation Data Collection. During this phase, OSEP collects validation data, presents those data to the steering committee in a structured exit conference, and works with the steering committee to plan the reporting and public awareness processes. OSEP's data collection may include data collection at both the State and local levels.

Improvement Planning. Based upon the self-assessment and validation results, the steering committee develops an improvement plan that addresses both compliance and improvement of results for children and youth with disabilities. The plan includes timelines, benchmarks, and verification of improvement. OSEP encourages States to include their RRC and/or NECTAS in developing the improvement plan, in order to facilitate the effective inclusion of technical assistance in both planning and implementation of the improvement plan.

Implementation of Improvement Strategies. The State implements and evaluates the effectiveness of the improvement plan.

Verification and Consequences. Based upon documentation that it receives from the State and steering committee, OSEP verifies effectiveness of the actions taken in implementing the improvement plan. As explained above, evidence of change that improves results for children with disabilities is critical. Where the State has been effective in achieving verifiable improvement, positive consequences may include public recognition. If a State does not implement the improvement plan or if implementation is not effective, OSEP may need to impose sanctions. These could include OSEP's prescription of improvement actions, special conditions on grant awards, a compliance agreement, or withholding of funds.

Review and Revision of Self-Assessment. Based on the results of the previous improvement planning cycle, the State reviews the self-assessment and revises it as appropriate.

OSEP customizes its Continuous Improvement Monitoring Process to meet the needs of each State. OSEP uses data from each State's self-assessment, together with other available data (including, for example, past monitoring findings, data that States submit under Section 618 of IDEA, annual Part C and biannual Part B performance reports) to determine the kind and intensity of OSEP intervention that is appropriate for that State. In States where there is evidence of substantial compliance with IDEA requirements and/or evidence that the State has self-identified areas in which improvement is needed and strategies to ensure such improvement, OSEP's focus is on the identification and implementation of promising practices and on working with the State to ensure that the improvement strategies are effective. In States that do not effectively identify areas of noncompliance and other areas needing improvement, OSEP may need to collect substantial data to determine the level of compliance in the State and the areas in which improvement is needed. In States that are not demonstrating compliance, OSEP works with the State to develop improvement strategies. States that fail to correct identified deficiencies may be subject to enforcement actions such as prescription of improvement actions, special conditions on grant awards, a compliance agreement, or withholding of funds.

OSEP has focused its Continuous Improvement Monitoring Process on those areas that are most closely associated with positive results for children with disabilities. To help OSEP and States focus on those areas throughout the process, OSEP has created "cluster charts" that organize IDEA requirements into the following nine clusters:

For Part C (services for children ages birth through 2):

- General Supervision,
- Child Find and Public Awareness,
- Early Intervention Services in Natural Environments,
- Family-Centered Systems of Services, and
- Early Childhood Transition.

For Part B (services for children ages 3 through 21):

- Parent Involvement,
- Free Appropriate Public Education in the Least Restrictive Environment,
- Secondary Transition, and

- General Supervision.

The self-assessment and monitoring process incorporates use of the cluster areas through the following steps:

- Identifying indicators for measuring progress in the implementation of IDEA,
- Identifying potential data sources and gathering data pertinent to the indicators,
- Analyzing the data to determine the positive and negative differences between the indicators as stated and their status, and
- Identifying promising practices and developing improvement and maintenance strategies.

During the summer of 2000, OSEP conducted self-assessment institutes in Chicago and Salt Lake City. States brought teams that represented both the Part B and Part C systems to these institutes. The institutes focused on how States can use their steering committees to make data-based decisions regarding the State's strengths and weaknesses and to design needed improvement strategies. OSEP will conduct institutes in Atlanta and Seattle during the summer of 2001 to improve planning and continue the dialogue on self-assessment.

As shown in table IV-1, OSEP conducted six reviews during the 1999-2000 school year and three additional reviews during the first half of the 2000-01 school year. In addition, in 1999-2000 OSEP made a visit to Illinois for Part B focus and Part C follow up and two corrective action follow-up visits to California.²

OSEP's monitoring reports are, like the self-assessment, validation planning and data collection processes, focused around the five Part C and four Part B clusters described above. The following is a summary of the strengths and areas of noncompliance that OSEP has identified through its monitoring reviews.

² Monitoring reports are available online at <http://www.ed.gov/offices/OSERS/OSEP> or by writing to the OSEP Director at the Department of Education.

Table IV-1
Schedule of 1999-2000 and 2000-2001 Continuous Improvement Monitoring Reviews

Illinois September 1999 (Part B focus/C follow-up) Ohio August/October 1999 Maryland September/October 1999 Louisiana November 1999/February 2000 Colorado November 1999/January 2000	Florida December 1999/February 2000 New Jersey February/September 2000 Pennsylvania March/October 2000 California January/April 2000/January 2001 (CAP visits) Hawaii October 2000/February 2001
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Source: U.S. Department of Education, Office of Special Education Programs, Division of Monitoring and State Improvement Planning.

The information from monitoring reports presented below represents information from 11 monitoring reports issued between September 1999 and October 2000. For a strength or problem to be cited below, it was noted as present in close to half or more of these monitoring reports. OSEP views the areas discussed below to be critical areas in ensuring improved results for children with disabilities, therefore any strengths or problems in these areas are noteworthy.

Part C: General Supervision and Administration

The State lead agency is responsible for developing and maintaining a statewide, comprehensive, coordinated, multidisciplinary, interagency early intervention system. Administration, supervision, and monitoring of the early intervention system are essential to ensure that each eligible child and family receives the services needed to enhance the development of infants and toddlers with disabilities and to minimize their risk for developmental delay. Early intervention services are provided by a wide variety of public and private entities. Through supervision and monitoring, the State ensures that all agencies and individuals providing early intervention services meet the requirements of IDEA, whether or not they receive funds under Part C.

While each State must meet its general supervisory and administrative responsibilities, the State may determine how that will be accomplished. Mechanisms such as interagency agreements and/or contracts with other State-level or private agencies can serve as the vehicle for the lead agency's implementation of its monitoring responsibilities. The State's role in supervision and monitoring includes: (1) identifying areas in which implementation does not comply with Federal

requirements; (2) providing assistance in correcting identified problems; and (3) as needed, using enforcing mechanisms to ensure correction of identified problems.

Many of the States that OSEP has monitored during the past 3 years do not yet have effective systems for identifying and correcting noncompliance with Part C requirements. Although most of these States provide ongoing technical assistance to early intervention service providers and agencies that coordinate these services at the local level, they do not have a systematic way to determine the extent to which all of the agencies and individuals that help the State implement its Part C system are actually complying with Part C requirements regarding, for example, public awareness, timely and effective child find, evaluation and assessment, service coordination, individualized determination of child and family needs, and provision of services in natural environments.

There is wide variation in how far States have progressed in developing an effective monitoring system. Some States have not yet conducted a systematic monitoring and evaluation of their Part C program. Other States that have conducted monitoring activities have not included important components of Part C, such as monitoring for natural environments and family-centered practices; ensuring that eligible children and families are receiving all needed services, timely evaluation and assessment activities, and individualized family service plan (IFSP) development; ensuring distribution of public awareness materials by primary referral sources; and a variety of other aspects of Part C requirements. States that identify noncompliance issues frequently have ineffective improvement actions or enforcement strategies, and the noncompliance therefore persists. Some States do not yet have procedures in place to monitor all programs and activities used to carry out Part C, including other State agencies and agencies that do not receive Part C funds.

Some States exhibited particular strengths in how they work with their State Interagency Coordinating Councils, how they collect and use data regarding the effectiveness of the Part C system, and in other areas, such as providing technical assistance to support early intervention service delivery.

Part C: Child Find/Public Awareness

The needs of infants and toddlers with disabilities and their families are generally met through a variety of agencies. However, prior to the enactment of Part C of IDEA, there was little coordination or collaboration for service provision, and many families had difficulty locating and obtaining needed services. Searching for resources placed a great strain on families. With the passage of Part C in 1986, Congress sought to ensure that all children needing services would be identified, evaluated, and served, especially those children who are typically underrepresented (e.g., minority, low-

income, inner-city, American Indian, and rural populations), through an interagency, coordinated, multidisciplinary system of early intervention services.

Each State's early intervention system must include collaborative child find and public awareness activities that are coordinated with all other child find efforts in the State. Part C recognizes the need for early referral and short timelines for evaluation because development occurs at a more rapid rate during the first 3 years of life than at any other age. Research in early brain development has demonstrated what early interventionists have known for years—that children begin to learn and develop from the moment of birth. Therefore, the facilitation of early learning and the provision of timely early intervention services to infants and toddlers with disabilities are critical.

A number of States that OSEP has visited in the past 3 years have weaknesses in their systems for public awareness and child find. Some States have not yet found an effective way to ensure that physicians and other primary referral sources make timely referrals to the Part C system. Some have not been effective in ensuring that the system locates, identifies, evaluates and serves infants and toddlers with disabilities in isolated parts of the State or those from minority or non-English speaking families. A number of States cannot complete a comprehensive evaluation and assessment within Part C timelines and therefore either develop an IFSP before completing the evaluation and assessment or delay the development of the IFSP (and therefore the provision of services) beyond the Part C timeline.

OSEP also found strengths in some States that have developed very effective public awareness and outreach systems that ensure the timely identification of infants and toddlers with disabilities and their families and provision of early intervention services to them.

Part C: Early Intervention in Natural Environments

In creating the Part C legislation, Congress recognized the urgent need to ensure that all infants and toddlers with disabilities and their families receive early intervention services according to their individual needs. Three of the principles on which Part C was enacted include: (1) enhancing the child's developmental potential, (2) enhancing the capacity of families to meet the needs of their infant or toddler with disabilities, and (3) improving and expanding existing early intervention services being provided to children with disabilities and their families.

To assist families in this process, Congress also required that each family be provided with a service coordinator to act as a single point of contact for the family. The

service coordinator ensures that the rights of children and families are protected, arranges for assessments and IFSP meetings, and facilitates the provision of needed services. The service coordinator coordinates required early intervention services as well as medical and other services that the child and the child's family may need. With a single point of contact, families are relieved of the burden of searching for essential services, negotiating with multiple agencies, and trying to coordinate their own services.

Part C requires the development and implementation of an IFSP for each eligible child. The evaluation, assessment, and IFSP process are designed to ensure that appropriate evaluation and assessments of the unique needs of the child and of the family related to enhancing the development of their child are conducted in a timely manner. Parents are active members of the IFSP multidisciplinary team. The team must take into consideration all the information obtained through the evaluation and child and family assessments in determining the appropriate services needed to meet needs.

The IFSP must also include a statement of the natural environments in which early intervention services will be provided for the child. Children with disabilities should receive services in community settings and other places where normally developing children would be found, so that they will not be denied opportunities to be included in all aspects of our society. In 1991, Congress required that early intervention services be provided in natural environments. This mandate was further reinforced by the addition of a new requirement in 1997 that early intervention can occur in a setting other than a natural environment only when early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment. In the event that early intervention cannot be satisfactorily achieved in a natural environment, the IFSP must include a justification of the extent to which the services will not be provided in a natural environment.

In the past 3 years, OSEP has found in several States that many families do not receive required service coordination, that IFSPs do not include all of the early intervention services that infants and toddlers with disabilities and their families need, that not all services in IFSPs are provided, and that some children do not receive services in natural environments. The lack of effective service coordination results in denial of needed early intervention services and is often the result of insufficient training and/or excessive caseloads.

Part C: Family-Centered Services

Research has shown that improved outcomes for young children are most likely to occur when services are based on the premise that parents or primary caregivers are

the most important factors influencing a child's development. Family-centered practices are those in which families are involved in all aspects of the decisionmaking, families' culture and values are respected, and families are provided with accurate and sufficient information to be able to make informed decisions. A family-centered approach keeps the focus on the developmental needs of the child while including family concerns and needs in the decisionmaking process. Family-centered practices include establishing trust and rapport with families and helping families develop skills to best meet their child's needs.

Parents and other family members are recognized as the lynchpins of Part C. As such, States must include parents as an integral part of decisionmaking and service provision, from assessments through development of the IFSP, to transition activities before their child turns 3. Parents bring a wealth of knowledge about their own child's and family's abilities and dreams for the future, as well as an understanding of the community in which they live.

In 1986, Part C of IDEA was recognized as the first Federal legislation to specifically focus attention on the needs of the family related to enhancing the development of children with disabilities. In enacting Part C, Congress acknowledged the need to support families and enhance their capacity to meet the needs of their infants and toddlers with disabilities. On the cutting edge of education legislation, Part C challenged systems of care to focus on the family as the unit of services, rather than the child. Viewing the child in the context of her/his family and the family in the context of its community, Congress created certain challenges for States as they designed and implemented a family-centered system of services.

OSEP found that States used a variety of methods to ensure and enhance family participation in the provision of early intervention services for infants and toddlers. Several states have organized and systematized programs for parent involvement, including local family liaisons, parent-to-parent support networks, programs to assist parents in navigating the system, and a program to train parents to be advocates and to participate on local and State government committees. In these States, parents assist in the development of training materials and public awareness materials. The State Interagency Coordinating Council moves its meetings to various locations around the State to allow more parents to attend and participate in the activities of the Council. These States also provide information in family friendly language and in a variety of dialects to assist families to be able to participate.

Part C: Early Childhood Transition

Congress included provisions to ensure that preschool or other appropriate services would be provided to eligible children leaving early intervention at age 3. Transition

is a multifaceted process to prepare the child and the child's family to leave early intervention services. Congress recognized the importance of coordination and cooperation between the educational agency and the early intervention system by requiring that a specific set of activities occur as part of a transition plan. Transition activities typically include: (1) identification of steps to be taken to prepare the child for changes in service delivery and to help the child adjust to a new setting, (2) preparation of the family (i.e., discussions, training, visitations), and (3) determination of other programs and services for which a child might be eligible. Transition planning for children who may be eligible for Part B preschool services must include scheduling a meeting, with approval of the family, among the lead agency, the educational agency, and the family at least 90 days (with parental permission up to 6 months) prior to the child's third birthday. Transition of children who are not eligible for special education also includes making reasonable efforts to convene a meeting to assist families in obtaining other appropriate community-based services. For all Part C children, States must review the child's program options for the period from the child's third birthday through the remainder of the school year and must establish a transition plan.

In the past 3 years, OSEP has found that the States' Part C systems and school districts do not work effectively together to ensure that toddlers with disabilities receive the preschool special education or other services they need when they exit the Part C system at age 3. The IFSPs in some of these States do not include steps to support the child's transition, and some do not convene the required meeting to address transition and/or invite the school district to the meeting.

OSEP found strengths in some States that have gone beyond the Part C requirements to develop especially strong linkages between parents, the Part C system, and school districts to support smooth and effective transition.

Part B: Parent Involvement

A purpose of the IDEA Amendments of 1997 is to expand and promote opportunities for parents and school personnel to work in new partnerships at the State and local levels. Parents must now have an opportunity to participate in meetings with respect to the identification, evaluation, and educational placement of their child and the provision of a free appropriate public education to their child. Parental involvement has long been recognized as an important indicator of a school's success, and parent involvement has positive effects on children's attitudes and social behavior. Partnerships positively affect achievement, improve parents' attitudes toward the school, and benefit school personnel as well.

With the enactment of the IDEA Amendments of 1997, OSEP's work in shaping its accountability in a way that drives and supports improved results for infants, toddlers, children, and youth with disabilities intensified. In order to ensure compliance with the amendments, which support positive results for people with disabilities, OSEP designed a multifaceted process. Among the Part B requirements that provide the strongest links to improved educational results for students with disabilities are those addressing the participation of parents and students and general and special education personnel in the development and implementation of educational programs for children with disabilities. One of the four major areas in which Part B requirements are clustered for children ages 3 through 21 is parent involvement.

In the past 3 years, OSEP has found that some States do not ensure that parents are part of the group that determines eligibility or the group that reviews existing data as part of the evaluation process.

Some States have shown strengths in providing especially effective training for parents, including joint training that includes both parents and educators.

Part B: Free Appropriate Public Education in the Least Restrictive Environment

The provision of a free appropriate public education in the least restrictive environment is the foundation of IDEA. The provisions of the statute and regulations (evaluation, individualized education program (IEP), parent and student involvement, transition, participation in large-scale assessment, eligibility and placement decisions, service provision, etc.) exist to achieve this single purpose. It means that children with disabilities receive educational services at no cost to their parents and that the services provided meet their unique learning needs. These services are provided, to the maximum extent appropriate, with children who do not have disabilities and, unless their IEP requires some other arrangement, in the school they would attend if they did not have a disability. Any removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

The reports of the Senate Committee on Labor and Human Resources and the House of Representatives Committee on Education and the Workforce for the 1997 amendments emphasized that too many students with disabilities are failing courses and dropping out of school. Those reports noted that almost twice as many children with disabilities drop out as compared to children without disabilities. They expressed a further concern about the continued inappropriate placement of children

from minority backgrounds and children with limited English proficiency in special education. The committees stated their intention that “once a child has been identified as being eligible for special education, the connection between special education and related services and the child’s opportunity to experience and benefit from the general curriculum should be strengthened. The majority of children identified as eligible for special education and related services are capable of participating in the general curriculum to varying degrees with some adaptations and modifications. This provision is intended to ensure that children’s special education and related services are in addition to and are affected by the general curriculum, not separate from it.”

In the past 3 years, OSEP has found that although the percentage of children with disabilities placed in less restrictive settings has generally increased, least restrictive environment findings persist in a number of States. While some States have moved many students who were previously served in separate schools for children with disabilities to regular school campuses, receiving special education in a regular education classroom without removal is still not an option considered for many children with disabilities. Often, personnel are not available to provide the supplementary aids and services that children with disabilities need to succeed in regular education classrooms.

In many States, positive behavioral supports, including psychological counseling, are not available to meet the needs of children with emotional or behavioral disabilities. As a result, many of these children are unnecessarily removed from the regular education classroom, are suspended or expelled, or drop out before completing the requirements for a diploma.

Because of personnel shortages, in a number of States either IEP teams do not include all needed related services in students’ IEPs, or students do not receive all of the related services in their IEPs.

Some States have, however, shown strengths in providing ambitious and effective training about best practices in inclusion or positive behavioral supports.

Part B: Secondary Transition

The National Longitudinal Transition Study found that the rate of competitive employment for youth with disabilities out of school for 3 to 5 years was 57 percent, compared to an employment rate of 60 percent for youth in the general population. The study identified several factors that were associated with postschool success in obtaining employment and earning higher wages for youth with disabilities. These

include completing high school, spending more time in regular education, and taking vocational education in secondary school. The study also shows that postschool success is associated with youths who had a transition plan in high school that specified an outcome, such as employment, as a goal. The secondary transition requirements of IDEA focus on the active involvement of students in transition planning, consideration of student's preferences and interests by the IEP team, and the reflection, in the IEP, of a coordinated set of activities within an outcome-oriented process which promotes movement from school to postschool activities. Through parent and student involvement, along with the involvement of all agencies that can provide transition services, student needs can be appropriately identified and services provided that best meet those needs.

In the past 3 years, OSEP has found that noncompliance regarding transition requirements persists in many States. Although more IEPs for students age 16 or older now include some transition content, the statements of needed transition services in those IEPs do not meet Part B requirements. In many such IEPs, there is no evidence of a coordinated set of activities, designed within an outcome-oriented process, that promotes movement from school to postschool activities.

Some States showed especially effective coordination with other State agencies, partnerships with industry and school-to-work initiatives, the establishment of State Transition Coordinating Councils and Transition Task Forces to address transition from secondary to postsecondary education, grants to expand self-advocacy, and other exemplary system supports for effective transition.

Part B: General Supervision

IDEA assigns responsibility to SEAs for ensuring that its requirements are met and that all educational programs for children with disabilities, including all such programs administered by any other State or local agency, are under the general supervision of individuals in the State who are responsible for educational programs for children with disabilities and that these programs meet the educational standards of the SEA. State support and involvement at the local level are critical to the successful implementation of the provisions of IDEA. To carry out their responsibilities, States provide dispute resolution mechanisms (mediation, complaint resolution, and due process), monitor the implementation of Federal and State statutes and regulations, establish standards for personnel development and certification as well as educational programs, and provide technical assistance and training across the State. Effective general supervision promotes positive student outcomes by promoting appropriate educational services to children with disabilities, ensuring the successful and timely correction of identified deficiencies, and providing

personnel who work with children with disabilities the knowledge, skills, and abilities necessary to carry out their assigned responsibilities.

OSEP found in the past 3 years that many States still do not have effective systems for identifying noncompliance, or, when they do identify noncompliance, they do not implement effective follow-up or enforcement strategies to ensure that the public agencies correct the noncompliance. These failures allow the noncompliance discussed above regarding parent involvement, the provision of a free appropriate public education in the least restrictive environment, and transition to persist.

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<http://www.ed.gov/offices/OSERS/OSEP/osep.html#MONITOR>

The Comprehensive Planning Process for the IDEA Part D National Activities Program: Challenge and Opportunity

The United States Congress presented the Office of Special Education Programs (OSEP) with both a challenge and an opportunity in 1997 when it expanded the strategic planning requirements for Part D of the Individuals with Disabilities Education Act (IDEA). Part D authorizes vital national work in research and development, personnel preparation, technical assistance, information dissemination, studies and evaluations, systems change, parent training and information, technology and media services, and program improvement. The purpose of this work is to enhance the provision of special and regular education and related services to children with disabilities under Parts B and C of IDEA. Congress viewed it as essential that activities sponsored under the IDEA Part D National Activities Program support State, district, community, and parent capacity to implement fully and effectively Parts B and C of IDEA by developing an infrastructure that links useful research to practice. Congress also directed that activities funded under Part D be based on a comprehensive plan developed in collaboration with individuals with disabilities, parents of children with disabilities, professionals, and representatives of State and local educational agencies, institutions of higher education, and disability advocacy organizations to reflect their issues and needs. OSEP, as the Federal agency that administers IDEA, was charged with coordinating the plan's development and implementation.

The IDEA Part D National Activities Program Comprehensive Planning Process

OSEP has a long history of involving stakeholders in planning, having engaged individuals with disabilities and professionals from the field in developing programmatic agenda for most of the nine discretionary programs folded into Part D of IDEA. OSEP designed a planning process that:

- Solicits direct input on the plan from large numbers of individuals with disabilities, parents, family members, and professionals in communities across the country;

- Extends OSEP's collegial relationships with the education community, particularly individuals and organizations who carry out Part D activities, while bolstering the community's confidence in OSEP as an agency that responds to consumers' issues and needs;
- Produces a National Activities Program plan that reflects consumers' most pressing issues and needs, extends the knowledge base through useful research, improves the translation of research findings to practice, and makes real long-term contributions to improving the lives of children with disabilities and their families; and
- Gives OSEP effective new ways to work with consumers and stakeholders throughout the plan's implementation to share progress and make mid-course corrections as new issues and needs arise.

OSEP conducted long-term planning sessions with staff, gathering information about the lessons learned from prior planning efforts and recommendations for the new process. OSEP officials asked similar questions in meetings with members of key consumer groups. OSEP also commissioned an examination of model strategic planning efforts conducted in the public and private sectors to find effective mechanisms relevant to the Part D process.

The result is a three-part process that improves previous efforts to involve the broad education community. The process incorporates collaboration with regular education and other Federal offices and agencies as well as direct input from grassroots consumers at the family, school, community, and State levels. Parts of the planning process overlap in implementation and include: (1) soliciting the opinions of key consumers of Part D activities on how to improve results for children with disabilities and their families, (2) soliciting expert opinions on the key issues associated with consumers' priorities and how the Part D National Activities Program might respond, and (3) combining the results of (1) and (2) with other relevant planning information into a comprehensive National Activities Program plan.

Part One: Soliciting the Opinions of Key Part D National Activities Program Consumers

While a variety of public and private nonprofit organizations carry out National Program activities, the consumers of the work are children with disabilities and their families and the teachers, administrators, and other personnel who work with them. These stakeholders comprise the key consumer groups whose needs and preferences must drive the Part D National Activities Program plan. Reaching out to large numbers of these consumers was critically important to OSEP's planning process.

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In May 1999, after considerable preparation and conversation, more than 40 national organizations whose members are drawn from the key Part D consumer groups joined OSEP in launching a nationwide effort to engage consumers in the National Activities Program planning process. The membership of participating organizations included people with disabilities, parents and family members, regular education and special education teachers, early intervention service providers, related service providers, district and school administrators, State administrators, business leaders, and policymakers. Executives of each organization met together with OSEP to frame the results of their individual consumer inquiries as lists of consumers' potential issues and needs. Partnerships were formed, and plans were made to solicit direct input from members of each national organization. The organizations promised to reconvene to discuss portions of the proposed plan and share the consumer opinion data gathered in this part of the process.

OSEP's role at this point in the planning process was to combine the lists of potential issues and needs compiled by the national organizations into a user-friendly format for consumers. OSEP used the input from the national organizations to develop a Special Education Consumer Survey³ that consumers could complete on paper or on a dedicated OSEP planning web site. The opinion survey asked consumers how best to (1) improve the lives of infants, toddlers, and children with disabilities and (2) improve school services and the broad service delivery system. National organizations actively advertised the opportunity to their members and encouraged their participation.

More than 14,900 consumers—including 9,660 individuals with disabilities, parents, and family members—completed the survey between April and September 2000. The viewpoints expressed across various groups—from individuals with disabilities to teachers, related service providers, and administrators—were strikingly similar and clear.

Consumers' Opinions About How To Improve the Lives of Infants, Toddlers, and Children with Disabilities

Consumers reported that the lives of children with disabilities of all ages would be significantly improved if they could experience:

- Greater participation and success in the general curriculum;
- Higher achievement in reading, writing, and mathematics;

³ The Special Education Consumer Survey was not a survey of a representative sample of the population. All interested persons were encouraged to respond.

- Greater participation in general education nonacademic or extracurricular activities;
- Greater access to psychosocial and mental health services (for children who need these services); and
- Greater access to information and support for themselves and their families.

In consumers' opinions, infants, toddlers, and preschool children with disabilities also need:

- Greater access to high-quality infant and toddler programs;
- Effective transition into and out of preschool; and
- Greater access to quality health care for themselves and their families.

Similarly, consumers noted that high school-aged and older youth with disabilities require:

- Greater participation in high school transition programs that include community-based work experience as well as college preparation and college mentoring programs;
- Higher rates of high school completion;
- Higher rates of participation after high school in vocational training, community college, and college programs; and
- Greater access to employment support and assistance.

Consumers' Opinions on How To Improve Service Delivery and Performance

Consumers agreed with OSEP and the national organizations that results for children with disabilities and their families are linked to the availability and quality of various services from a broad service delivery system. Consumers identified the most overwhelming improvements needed in service provision and performance as:

- More and better qualified professionals (teachers, therapists, and other), paraprofessionals and assistants to serve infants, toddlers, and children with disabilities;

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- Smaller class sizes or case loads of professionals serving children with disabilities;
- Better identification of infants, toddlers, and children with disabilities or those who are at risk for developing a disability;
- Effective collaboration between general and special education personnel and between professionals and individuals with disabilities and their families; and
- Better understanding of the requirements of Federal legislation regarding the rights of individuals with disabilities and their families, (i.e., IDEA, the Americans with Disabilities Act, and Section 504 of the Rehabilitation Act of 1973)⁴.

Plans for the Future

OSEP staff and executives of the national organizations will meet later this year to discuss the implications of consumers' opinions along with the results of expert panels' work in part two of the National Activities Program planning process. The dialogue will continue as the Part D National Activities Program plan is further developed and implemented.

Part Two: Soliciting Expert Opinions on the Key Issues Associated with Consumers' Priorities and How the Part D National Activities Program Might Respond

OSEP believed it could improve upon previous planning efforts that established directions which were not global enough and often left the agency with insufficient information and guidance in directing its finite resources. Therefore, OSEP designed part two of this planning process to focus on a few key issues that must be resolved in order to address the needs of consumers and improve results for children with disabilities and their families. OSEP used its work with the Government Performance and Results Act (GPRA) to frame this part of the process. The agency grouped its GPRA goals and objectives into five broad Part D planning areas that, in turn, reflect major provisions of IDEA. The five broad planning areas are:

- Students with disabilities' access to and participation and progress in the general curriculum;
- Standards-based reform and students with disabilities;

⁴ Westat (2001). *Implementing a strategic approach for setting a federal agenda for the discretionary program: Special Education Consumer Survey results*. Durham, NC: Author.

- Positive behavioral intervention, social/emotional, and life skills supports and services for students with disabilities;
- Early childhood programs for infants, toddlers, and preschoolers with disabilities and their families; and
- Secondary education, transition, and employment for students with disabilities.

OSEP convened an expert panel in each area to expound upon the implications of the Special Education Consumer Survey and other planning information, key issues requiring resolution in order to respond to consumers' priorities, and possible Part D strategies.

As OSEP was receiving consumers' responses to the Special Education Consumer Survey, the agency again reached out to the national organizations to appoint consumer authorities to the five expert strategy panels. Forty organizations sent a representative to a panel of their choice. The agency also turned to another expert opinion source at this critical point in the planning process—individuals considered by the education community to be knowledgeable about the five broad planning areas and the application of the various National Activities Program strategies, such as research and development, personnel preparation, and technical assistance. OSEP invited 40 such National Activities Program experts to serve on the five panels, along with staff of other Federal offices and agencies concerned with results for children with disabilities.

As a result, between 15 and 20 nationally recognized research, training, personnel preparation, and technical assistance authorities, as well as consumers, served on each panel. Panels worked intensively from September through November 2000. The charge to the panels was to define the few key issues that influence the making of significant progress in improving results for children with disabilities and that respond to consumers' priorities. Panels then determined the most critical gaps that needed to be bridged in order to address each issue and plausible strategies OSEP might incorporate into the IDEA Part D National Activities Program plan. A brief summary of the key issues identified by each panel follows.

Students with Disabilities' Access to and Participation and Progress in the General Curriculum

Consumers chose greater participation and success in the general curriculum as a priority for improving the lives of children with disabilities. IDEA places significant emphasis on helping children with disabilities, at an individually appropriate level,

participate and progress in the general curriculum. The individualized education program (IEP) must include accommodations, modifications, and any related services that the child needs to access the general curriculum, as well as identify the supports that service providers need to carry out the child's program. The panel's consensus was that the following three issues are most influential in students' access to the general curriculum and must be addressed if access, participation, and progress are to increase.

Definitions Are Needed for the Terms Access, Participation, and Progress in the General Curriculum

Regular education and special education stakeholders do not have a shared understanding of the IDEA provisions related to access, participation, and progress in the general curriculum. The terms access, participation, and progress have not been operationally defined in practice; there is great variation in how these terms currently are being used. The absence of a clear consensus of meaning is undermining efforts to develop sound policy, conduct research, and improve practice. Moreover, professionals disagree about what constitutes the general curriculum. For some, curriculum refers strictly to the district- or State-mandated academic study. Others view curriculum more broadly as instruction not just in academics, but in other areas (e.g., social, communication, orientation and mobility, life, and self-determination skills).

The Individualized Educational Needs of Students with Disabilities Must Be Met by the General Curriculum To the Maximum Extent Appropriate

Although some progress has been made, many students with disabilities do not have sufficient access to general curriculum and instruction. The barriers vary. In some cases, it is an overall matter of not providing instruction appropriate to curriculum standards. Instructional practices and materials may be outdated, inappropriate for the curriculum goals, and not reflect current research on best practices. Assessment practices may be inappropriate or inadequate as well. In other cases, it is a matter of not addressing the instructional needs of a diverse group of learners, including students with disabilities. Instructional methods and materials may be insufficient to accommodate multifaceted needs. Textbooks, instructional materials, and assessments often are not available in the medium or format required by many students nor do they accommodate for cultural and linguistic differences. In some instances, supplemental aids and services necessary for participation may not have been adequately provided to a child. The issue is compounded further because little is known about how students with disabilities acquire, maintain, and apply knowledge and skills in general curriculum settings, and what teaching strategies may, in fact, lead to better outcomes. For students who do not make adequate progress in

the general curriculum and who require more intensive, individualized instruction, few strong empirically documented practices have been identified for ensuring that important skills are acquired, maintained, and transferred.

More School-Based and District-Level Support Is Needed To Support Students with Disabilities in Accessing, Participating, and Progressing in the General Curriculum

Progress for students with disabilities in the general curriculum requires a system in which all stakeholders within the classroom, school, and community work together for the students' benefit. However, schools and school districts typically are not organized to facilitate collaborative practices among students, professionals in the school, parents and families, and the community. Regular education school and district leaders often do not perceive themselves as having primary responsibility for students with disabilities—and subsequently, lack the knowledge, skills, understanding, and commitments necessary for building a unified student body. Special education-related tasks often are left to special education personnel to complete. Collaboration is at the core of ensuring that students with disabilities access, participate, and progress in the general curriculum.

Standards-Based Reform and Students with Disabilities

To ensure that children with disabilities are included in reform efforts and are able to demonstrate performance in the general curriculum to the maximum extent appropriate, IDEA provides that the performance results of children with disabilities shall be reported to the public just as performance results are reported for all children, so long as the reporting method will not result in identifying the performance of individual children. IDEA places significant emphasis on ensuring that children with disabilities participate in general state- and districtwide assessment programs, with appropriate accommodations if necessary as determined by the IEP team. IDEA also provides that alternate assessments be developed and provided for students for whom the regular assessment is considered inappropriate.

OSEP selected standards-based reform and students with disabilities as a broad Part D planning area even though consumers did not report it as a high priority in part one of the planning process. The panel decided that this lack of understanding, is, itself, a key issue.

The Regular Education and Special Education Communities, as well as the General Public, Do Not Understand the Relevance of Including Students with Disabilities in Standards-Based Reform

A mindset of universal access to standards-based reform is necessary if students with disabilities are to be equally included in accountability systems. However, the general public does not understand standards—what they are, their purpose, and how to gauge progress using them. Nor is the public convinced that students with disabilities should be included in large-scale assessments of achievement that are part of standards-based reform. Some educators oppose including students with disabilities in reform efforts based on a belief that doing so would, in fact, be harmful to students. As a consequence, the supports necessary to create a learning environment in which all students, including those with disabilities, meet high expectations for learning are absent. For example, knowledge of appropriate instructional and assessment supports, modifications, and accommodations that enable students with disabilities to participate in standards-based reform is not reaching teachers, families, and the general public.

Current Policies Do Not Support Participation of Students with Disabilities in Standards-Based Reform Initiatives

Standards-based reform for all children is just one of many policy decisions facing educational decisionmakers. Tension exists between the traditional special education focus on individual student achievement and the corresponding regular education focus on group achievement—with neither side in full agreement as to the complex interaction of the components within standards-based reform. Many students continue to be excluded from accountability systems; in fact, some State policies encourage exclusions and exemptions. Including students with disabilities in standards-based reform initiatives requires that policies are coordinated and coherent.

Resolve Issues Related to Accountability and Assessment

Technical and equity issues complicate the ease with which students with disabilities may participate in large-scale assessment and accountability systems, resulting in large numbers of these students that continue to be exempted. Often, when students do participate, data are not disaggregated, accessible, or timely. Confusion also exists regarding accommodations and modifications in the administration of large-scale assessments. For example, State policies vary with regard to the use of accommodations, and there is a lack of consistent applications of accommodations on statewide assessments. Moreover, there continues to exist an unclear relationship

between the use of assessment accommodations on large-scale tests and their use in daily instruction.

Positive Behavioral Intervention, Social/Emotional, and Life Skills Supports and Services for Students with Disabilities

Consumers participating in part one of the National Activities Program planning process want students with disabilities suspended or expelled less frequently. Consumers believe that effective intervention and supports exist and should be available to students with disabilities. IDEA provides that children with challenging behaviors receive instruction and services, including preventive measures, to help them achieve a quality education. The expert panel summarized consumers' points of view into four issues that, when addressed, promise to help alleviate the negative consequences of students' challenging behaviors.

Children Need Early Access to Comprehensive Support

Early access to comprehensive, intensive, individualized prevention and behavior supports is key to improving results for children with challenging behaviors. Yet traditionally, the mode for addressing the challenging behaviors of children is reactive—that is, punishing or removing a child after a problem or crisis has occurred. Moreover, school interventions for problem behavior may be based on unproven strategies and be implemented by staff who lack the training needed to deal appropriately with the child and situation. Although some services exist, coordination may be lacking among schools and other agencies. Too often, primary responsibility for behavior is placed on families, with little support.

Children With or At Risk for Delinquent or Antisocial Behavior Need Specialized Services

A comprehensive, interagency system of services that meets the social, emotional, and behavioral needs of children and youth is necessary to prevent delinquent and antisocial behavior and to improve programs for youth. Some pockets of effective practice exist currently, but coordinated efforts are lacking. Overall, policies and strategies for this population of children tend to be characterized by punitive and reactive measures, ranging from total neglect to those that are applied too late to have an impact on the problem. Once in the juvenile justice system, children do not fare well. Juvenile and adult court officers, including judges, often are unaware of disability issues, including the characteristics and needs of children and youth with disabilities. A free appropriate public education rarely is made available to children with disabilities in detention and correctional programs. Most youthful offenders

emerge from correctional programs without basic literacy, vocational, or adaptive behavior skills.

There Is a Shortage of Schoolwide Support Systems

Systems of multidimensional prevention that encompass the individual, family, school, and community require human and fiscal resources. Schools must have a sufficient supply of skilled and knowledgeable personnel who are positively disposed toward children and youth with challenging behaviors—and these staff must have the resources they need to implement fully and effectively IDEA provisions. Further, linkages with families, neighborhoods, businesses, and community agencies are needed to provide coordinated, comprehensive systems of care across all levels of students' emotional/behavioral problems and needs. Presently, schools are faced with an insufficient supply of personnel and a widespread concern about the preparation of those who are now being asked to teach children with complex, challenging behaviors and emotional disabilities. While there are relatively greater resources available for schoolwide support, there is a critical shortage of resources for comprehensive, intensive intervention systems.

Many Disenfranchised Children with Challenging Behaviors Are Unserved or Underserved

A number of children with emotional/social needs—such as those with autism, developmental disabilities, and those who are homeless, migrant, and/or in foster care and psychiatric facilities—are not being served or are underserved. Lack or fragmentation of services may result from a variety of reasons, including lack of understanding and training on the part of service providers, differing eligibility requirements, misdiagnosis, and poor outreach to families. Comprehensive and coordinated interagency service systems are needed to address the complex behavior and life skills needs of these disenfranchised children.

Improving Results in Early Childhood for Infants, Toddlers, and Preschoolers with Disabilities and Their Families

Consumers stressed that infants, toddlers, and preschoolers with disabilities need to be identified as having or at-risk of developing a disability as early as possible and then have greater access to high-quality programs and health care if results for young children are to improve. Positive early childhood results typically refer to improved development for children in their first 5 years, as well as improved family capacity for supporting their children's development. Early intervention services are meant to enhance children's functional development through effective, family-focused services

provided in natural environments. Preschool services should allow children to participate in regular education settings with nondisabled age-appropriate peers, preparing children with disabilities for elementary school success. The expert panel identified the following issues influencing the quality of early childhood results.

Early Identification Must Be Expanded and Improved

Gaps in information, tools and practices, training, and policy inhibit the early identification of infants, toddlers, and preschoolers with special needs. Many children are not referred because families and professionals, as well as community members in general, are unaware of screening, evaluation, and early intervention services. To improve referral, intake, and access to early intervention and preschool programs for families with children with disabilities, efforts must be made to broaden parent information as well as public and professional awareness.

More and Better Qualified Personnel Are Needed To Serve the Needs of Young Children with Disabilities

There is a shortage of personnel qualified to work with infants, toddlers, and preschoolers, including a lack of pediatricians in many communities. These shortages pose a significant threat to the quality of programs for young children with disabilities. Great disparities in personnel development exist across States, professions, and employers. In general, training for infant/toddler caregivers is minimal, which contributes to overall personnel problems. The need for more and better qualified providers cuts across a range of disciplines, professions, and agencies.

Collaboration Among All Stakeholders Is Needed

While all States have developed early intervention programs, and several States have developed specific preschool policies involving the use of individual family service plans (IFSPs), service delivery still lacks the collaboration needed to ensure that an appropriate variety of services are available to children age birth through 5. There is a continued need to develop models that support the development of community-based collaboration among agencies, families, and service providers at State and local levels. The purpose of such models is to enhance services, foster transition, and coordinate funding of high-quality early intervention and preschool programs.

Outcomes and Indicators To Guide Early Childhood Services Must Be Developed

Presently, there is a lack of agreement about outcomes and indicators for effective early childhood services. Available data tend to describe numbers of children, service hours and dollars, but not child and family outcomes. There is a critical need to develop meaningful process and outcome indicators to guide early childhood services for children, families, and communities.

Students with Disabilities' Secondary Education, Transition, and Employment

Congress viewed the reauthorization of IDEA as an opportunity to prepare children with disabilities better in order to make a successful transition to adult life. Promoting increased options and opportunities for students with disabilities requires that they participate in a rigorous and relevant curriculum that will provide them with the skills and competencies needed in order to achieve their postsecondary goals. Consumers participating in part one of the National Activities Program planning process pointed out that youth with disabilities need to participate in greater numbers in secondary school transition programs that include work experiences as well as preparation for college. After secondary school, youth with disabilities need to participate in vocational training, community college, and college programs. Long term, youth need access to employment support and assistance as necessary. The expert panel articulated four key issues it believed would have to be resolved to realize improved results for students with disabilities.

Students with Disabilities Need Training in Self-Determination and Self-Advocacy Skills, as Well as Opportunities To Use Those Skills in Meaningful Contexts

Self-determination and self-advocacy are critical to the successful transition of students with disabilities from secondary education to postsecondary environments, including continuing education, employment, and community living. Students need opportunities to develop and use these skills in a variety of meaningful contexts. Presently, many students with disabilities have limited opportunities to make significant choices as part of their secondary school experience, leaving them unprepared to communicate, solve problems, and advocate for themselves in postsecondary environments. Emphasis during the transition years on developing and applying decisionmaking, communication, and advocacy skills to promote self-determination must be viewed as critical components of each student's IEP/transition plan.

Secondary-School-Aged Students with Disabilities Must Be Able To Access, Participate, and Progress in a Rigorous and Relevant General Curriculum

All secondary-school students must participate in a rigorous and relevant general curriculum to the maximum extent appropriate if they are to experience success in postsecondary settings. For students with disabilities, this includes access to and participation in curricular and extracurricular activities that promote academic success, independence, and multiple options for postsecondary learning, employment, and community participation and learning. However, many secondary-school students with disabilities are tracked into low-level academic courses. Those who do participate in regular education classes may find that teachers are unprepared to diversify instruction or make the types of accommodations and modifications students with disabilities need to succeed in a rigorous curriculum.

Service Coordination and Collaboration Must be Enhanced

While improving interagency collaboration has been an important focus for more than two decades, its benefits have yet to be realized by many individuals with disabilities, particularly after they lose the protections of IDEA (i.e., a free appropriate public education) when they exit school. Too often, education and workforce development systems remain separate, with participation of workforce development agencies (e.g., vocational rehabilitation) limited to IEP meetings.

More Accountability Is Needed for Results and Postsecondary Outcomes

The collection, analysis, and use of postschool measures for all students, including students with disabilities, are critical elements in expanding the concept of accountability from school graduation rates to indicators of postschool success. The use of such measures is essential to improving secondary/transition programs and expanding options and opportunities for individuals with disabilities. Unfortunately, there are a number of barriers to achieving postschool accountability for students with disabilities at the secondary level. At the outset, there tends to be little agreement regarding the value of school and postschool data as a guide to school reform and improvement. Accountability for students tends to end when students graduate or exit school. Postschool data are seldom collected, and when they are, there is little sharing between the school and other agencies.

Plans for the Future

Explicating the key issues associated with consumers' opinions is a major contribution to the National Activities Program planning process, giving OSEP a

sense of focus and priority the agency lacked from prior planning activities. But panels went beyond defining key issues. They explored the major gaps separating current practice from what is needed to ensure better results for children with disabilities for each issue, and they reflected on the National Activities Program strategies that might best bridge the gap. Strategies focused most frequently on research and knowledge production, capacity building, and generating public awareness and support. All five panels highlighted personnel preparation and professional development as a prominent capacity-building strategy.

OSEP looks upon the expert-based opinion provided by the five panels thus far in the National Activities Program planning process as the beginning of an ongoing conversation between the agency and stakeholder representatives. OSEP intends that the expert panelists remain active in National Activities Program planning along with the agency staff and executives of national organizations concerned with better results for children with disabilities and their families.

Part Three: Using the Planning Process To Develop the IDEA Part D National Activities Program Plan

OSEP has made immediate use of consumers' opinions and the work of the expert panels as information from parts one and two of the planning process has become available. Agency-wide staff workgroups have chronicled the agency's activities in each of the five broad Part D planning areas and found that projects aligned with several key issues are already under way. Staff have consulted specific recommendations of individual panels in developing work scopes for upcoming projects and initiatives. These internal planning workgroups are now a part of the agency's permanent operations and will assume responsibility for integrating the results of the planning process with other planning information to develop long-term research-to-practice Part D National Activities Program strategies.

The results of this comprehensive process are a significant resource and are expected to influence the Part D National Activities Program plan. However, they are not the only knowledge source. Consistent with Congress' instructions, the agency is analyzing the findings of its Parts B and C monitoring and oversight efforts to ensure that the Part D National Activities Program plan responds to the critical implementation and compliance concerns. Similar analyses are targeting needs expressed by States in State Improvement Grant program proposals, submitted under Part D, Subpart 2 of IDEA. Once these analyses are complete, the agency will map long-term research-to-practice strategies in each of the five broad Part D planning areas. As always, choices will have to be made to comply with resource limitations. OSEP intends to select strategies that:

- Take advantage of the agency's current activities relevant to consumers' opinions and the key issues associated with responding to consumers' needs;
- Have the greatest potential to contribute to improved results for children with disabilities in the next decade;
- Optimally combine several types of Part D activities in research, technical assistance, capacity building, and public awareness and support; and
- Leverage OSEP's involvement to bring about more attention to the issue by other public agencies at the Federal, State, and local levels and other private nonprofit agencies and organizations.

OSEP will publish drafts of the Part D National Activities Program plan for discussion and comment by stakeholder representatives including, at a minimum, the national organizations and experts collaborating with the agency in the planning process. OSEP will also invite public comment before presenting a proposed National Activities Program plan to Congress for approval later this year.

The Office of Special Education Programs' National Assessment Program

The U.S. Department of Education's Office of Special Education Programs (OSEP) is undertaking a comprehensive program of national assessment to provide information on a wide range of issues related to the Individuals with Disabilities Education Act (IDEA), as amended in 1997, and its effect on States, districts, schools, and children with disabilities and their families. Section 674(b) of IDEA requires OSEP to conduct a national assessment of special education to determine the effectiveness of the Act in achieving its purposes to provide information to the President, Congress, States, local educational agencies (LEAs), and the public on how to implement the Act more effectively and to provide the President and Congress with information that will be useful in developing legislation to achieve the purposes of the Act more effectively. In addition, the national assessment will provide OSEP with information to use in measuring indicators of program effectiveness as part of the Government Performance and Results Act (GPRA), in program planning, and in response to information requests from its many constituencies.

The national assessment described below includes a set of child-based studies that assess the experiences and outcomes of children with disabilities across the age range. It also includes three studies that focus on States, districts, and schools to address questions of special education policy and program implementation, staffing, and costs.

Child-Based Longitudinal Studies

National Early Intervention Longitudinal Study (NEILS)

In 1996, OSEP began funding a multi-year study of infants and toddlers and their families who are receiving early intervention services through Part C of IDEA. This study, conducted by SRI International and its subcontractors (the Frank Porter Graham Child Development Center, Research Triangle Institute, and the American Institutes for Research), follows a nationally representative sample of 3,338 families and children from the time they enroll in early intervention programs, through their time in these programs, and finally through the transition out of early intervention and into other settings. The study is answering a variety of questions about (1) the characteristics of program participants; (2) the type and level of services they are receiving, and who is providing them; (3) the outcomes realized by children and

families during Part C participation and in the years that follow; and (4) the association of characteristics of the participants and services received with outcomes.

Data are currently available from this study, which is expected to be completed in 2005. (See the *Twenty-second Annual Report to Congress* and the following modules in this report: Results Experienced by Children and Families Entering Early Intervention, Characteristics of Children and Families Entering Early Intervention, and Services Received by Children and Families Entering Early Intervention.) For more information, see www.sri.com/neils.

Pre-elementary Education Longitudinal Study (PEELS)

OSEP has commissioned SRI and its subcontractors, Research Triangle Institute and Westat, to design this longitudinal study of children who are ages 3 to 5 and receiving special education services during the first year of the study. PEELS will involve a nationally representative sample of approximately 3,100 children in special education who will be followed into early elementary school. Information will be collected from parents, preschool and elementary school teachers, preschool directors, and school principals regarding children's characteristics, household contexts, school programs and related services, and outcomes in several domains. Indicators from various relevant sources will permit examination of the factors that contribute to positive outcomes and of these children's growth and change in academic and social domains. The critical transition between preschool and kindergarten will be a particular aspect of the study. The study features direct assessment of children, focusing on early reading development in these crucial formative years.

PEELS is currently in the design phase with implementation planned to begin in the spring of the 2001-02 school year and continue through 2008. A web site with information on this project is located at www.sri.com/peels.

Special Education Elementary Longitudinal Study (SEELS)

To begin to fill the information gap for elementary and middle school students in special education, OSEP awarded a contract for the SEELS to SRI International and its subcontractor, Westat, in February 2000. SEELS will include a nationally representative sample of approximately 14,000 students in special education who were age 6 and in first grade through age 12 in the 1999-2000 school year. The students will be followed as they transition from elementary to middle and middle to high school. Key research questions for the study will address the characteristics and functional abilities and disabilities of students in special education; the characteristics

of their households; characteristics of their schools, school programs, and classroom experiences; as well as aspects of their lives out of school. Data are being collected from students, parents, teachers, and principals. Findings will generalize to special education students in this age range as a whole, to students in each Federal special education disability category, and students in each single-year age cohort. The study features direct assessment of students, focusing on growth scores in the areas of reading and mathematics.

Initial SEELS data were collected during the spring of 2000 and became available in spring 2001. A year of reporting will complete the study in 2004-05. (See the module Family Involvement in the Education of Elementary and Middle School Students Receiving Special Education in this report.) For additional information, see www/sri.com/seels.

National Longitudinal Transition Study-2 (NLTS2)

The implementation contract for NLTS2 was awarded to SRI International and Westat, its subcontractor, in January 2001. The study will involve a large, nationally representative sample of 13,000 students who will be ages 13 to 16 at the outset of the study. Data will be collected on their individual and household characteristics; achievement scores on standardized assessments; aspects of their schools, school programs, and classroom experiences; secondary school performance and outcomes; adult services and supports; and early adult outcomes in the employment, education, independence, and social domains. The study will be conducted over a 10-year period, following the oldest cohort of students for 9 years or until age 26. The length of the study will allow us to examine postschool outcomes during the early adult years so that experiences, such as employment after college, can be assessed.

Initial data for this study will be available in spring 2002 with subsequent waves of data collected through 2009. A year of reporting will complete the study in 2010. For additional information, see www.sri.com/nlts2.

Issue-Based Studies

Study of Personnel Needs in Special Education (SPeNSE)

In February 2000, OSEP contracted with Westat to conduct SPeNSE, a study involving extensive interviews with a national sample of 8,000 school personnel, including regular and special education teachers, speech-language pathologists, preschool special education teachers, and paraprofessionals serving students with disabilities. The study focuses on the adequacy of the workforce and attempts to

explain variation in workforce quantity and quality based on State and district policy, working conditions, preservice education, and continuing professional development. In addition, SPeNSE examines other indicators of teacher quality such as tested ability, teaching credentials, professionalism, demographic representation, and classroom teaching practice.

Data from SPeNSE were available in spring of 2001. (See the module Special Education Teacher Recruitment and Hiring in this report.) The study will conclude with a series of reports and dissemination activities in 2002. Further information is available at www.spense.org.

State and Local Implementation of IDEA (SLIIDEA)

This study was designed to evaluate the implementation and impact of IDEA. The SLIIDEA study, awarded in April 2000 to Abt Associates and its subcontractors, Westat and SRI, will provide information annually on the status of the implementation of the law and its effects on policies and practices at the State, district, and school levels, with a focus on implementation issues in six cluster areas of IDEA: improved student performance, including graduation rates; supporting least restrictive environment; successful transitions for preschool children; successful transitions to postschool life; positive behavioral supports; and positive parent involvement.

Repeated large-scale surveys and special topical studies that include case studies and focus groups are planned. Data on State-level policies will be disseminated starting in fall 2001; subsequent data collection and analysis will focus on the district and school levels. (See the module Using Implementation Data to Study State, District, and School Impacts in this report.) SLIIDEA will be completed in 2005. Further information is available at www.abt.sliidea.org.

The Special Education Expenditure Project (SEEP)

Through a contract awarded to the American Institutes for Research in February 1999, this study examines how Federal, State, and local funds are used to support programs and services for students with disabilities, with special attention to the fiscal provisions enacted under the IDEA Amendments of 1997. In addition to determining the total and per pupil amounts spent on special education and related services throughout the United States, SEEP will collect data in such a way as to increase understanding of the overall patterns of allocation of educational dollars to students with disabilities.

Initial data for this study were available in summer 2001, with information disseminated through OSEP's Center for Special Education Finance. The study will conclude in 2004. For additional information, see <http://csef.air.org>.

Status of the National Assessment Program

The majority of studies in the National Assessment Program completed a design phase that included several complex tasks, including sample selection, instrument development and testing, OMB clearance of instrumentation, and recruitment of the sample. As a result, most of the studies have just finished the first wave of data collection or are still in the field.

Table IV-2
Summary Table for OSEP's National Assessment Program

Project Name	Focus	Start Date	First Data Available	End Date	OSEP Staff Contact
Child-based Studies					
NEELS	Services and outcomes for infants in Part C, ages 0-3	January 1996	Data currently available	2005	Scott Brown
PEELS	Services and outcomes for students with disabilities, ages 3-5	Projected-December 2001	Spring 2003	2008	Lisa Holden-Pitt
SEELS	Services and outcomes for students with disabilities, ages 6-12	February 2000	Data currently available	2005	Judy Holt
NLTS2	Services and outcomes for students with disabilities, ages 13-16	January 2001	Spring 2002	2010	Patricia Gonzalez
Issue-based Studies					
SPeNSE	Quality and quantity of school personnel serving students with disabilities	February 2000	Data currently available	2002	Patricia Gonzalez
SLIDEA	Implementation and impact of IDEA (policy)	April 2000	Fall 2001	2005	Kelly Henderson
SEEP	Special education expenditures	February 1999	Fall 2001	2004	Scott Brown

APPENDIX A

DATA TABLES

This Appendix includes a compilation and analysis of data gathered on children with disabilities served under IDEA and reference data on all school-aged children. As required by IDEA, the Part B data tables include child count (1999-2000), placement (1998-99), personnel (1998-99), and exiting (1998-99). Data on infants and toddlers served in accordance with IDEA, Part C are also included. Finally, data on estimated resident population for children ages 3 through 21, total enrollment for students in pre-kindergarten through 12th grade, and State grant awards under IDEA are provided. Several tables report national totals only. These totals reflect counts for the United States and Outlying Areas.

Table AF2
Estimated Resident Population for Children Birth Through Age 2

STATE	NUMBER			CHANGE IN NUMBER		PERCENTAGE CHANGE	
	1989-90	1998-99	1999-2000	1999-2000 LESS 1989-90	1999-2000 LESS 1998-99	1999-2000 LESS 1989-90	1999-2000 LESS 1998-99
ALABAMA	172,744	176,418	175,917	3,173	-501	1.84	-0.28
ALASKA	34,416	29,254	29,390	-5,026	136	-14.60	0.46
ARIZONA	179,184	221,779	231,514	52,330	9,735	29.20	4.39
ARKANSAS	100,124	105,303	106,670	6,546	1,367	6.54	1.30
CALIFORNIA	1,444,490	1,510,466	1,484,465	39,975	-26,001	2.77	-1.72
COLORADO	156,209	167,378	173,797	17,588	6,419	11.26	3.84
CONNECTICUT	138,408	125,129	129,026	-9,380	3,899	-6.78	3.12
DELAWARE	29,252	29,478	30,304	1,052	826	3.60	2.80
DISTRICT OF COLUMBIA	24,326	17,842	16,494	-7,834	-1,348	-32.20	-7.56
FLORIDA	510,346	566,976	570,314	59,968	3,338	11.75	0.59
GEORGIA	299,282	342,836	352,890	53,608	10,054	17.91	2.93
HAWAII	51,665	49,331	48,150	-3,535	-1,181	-6.84	-2.39
IDAHO	47,909	54,824	55,817	7,908	993	16.51	1.81
ILLINOIS	514,941	525,754	522,033	7,092	-3,721	1.38	-0.71
INDIANA	237,607	244,998	247,416	9,809	2,418	4.13	0.99
IOWA	114,421	108,278	108,902	-5,519	624	-4.82	0.58
KANSAS	114,326	108,931	110,965	-3,361	2,034	-2.94	1.87
KENTUCKY	150,328	156,625	155,526	5,196	-1,099	3.46	-0.70
LOUISIANA	210,019	187,711	190,503	-19,516	2,792	-9.29	1.49
MAINE	50,928	39,644	39,977	-10,951	333	-21.50	0.84
MARYLAND	215,123	203,711	207,292	-7,831	3,581	-3.64	1.76
MASSACHUSETTS	250,145	233,102	234,937	-15,208	1,835	-6.08	0.79
MICHIGAN	419,844	388,524	386,770	-31,074	246	-7.40	0.06
MINNESOTA	199,537	189,163	191,692	-7,845	2,529	-3.93	1.34
MISSISSIPPI	118,864	120,448	122,389	3,525	1,941	2.97	1.61
MISSOURI	221,698	216,559	217,262	-4,436	703	-2.00	0.32
MONTANA	36,364	31,304	31,407	-4,957	103	-13.63	0.33
NEBRASKA	72,102	68,528	68,549	-3,553	21	-4.93	0.03
NEVADA	52,553	81,257	85,745	33,192	4,488	63.16	5.52
NEW HAMPSHIRE	50,231	43,008	43,559	-6,672	551	-13.28	1.28
NEW JERSEY	329,114	322,197	322,104	-7,010	-93	-2.13	-0.03
NEW MEXICO	78,137	76,873	78,957	820	84	1.05	0.11
NEW YORK	771,018	737,787	721,406	-49,612	-16,381	-6.43	-2.22
NORTH CAROLINA	275,215	315,247	322,930	47,715	7,683	17.34	2.44
NORTH DAKOTA	30,057	24,009	23,200	-6,857	-809	-22.81	-3.37
OHIO	472,792	440,737	441,110	-31,682	373	-6.70	0.08
OKLAHOMA	139,942	138,357	142,171	2,229	3,814	1.59	2.76
OREGON	117,990	129,648	131,502	13,512	1,854	11.45	1.43
PENNSYLVANIA	480,536	420,959	420,686	-59,850	-273	-12.45	-0.06
PUERTO RICO	.	190,376	184,368	.	-6,008	.	-3.16
RHODE ISLAND	41,086	36,694	36,774	-4,312	80	-10.50	0.22
SOUTH CAROLINA	155,276	151,500	153,599	-1,677	2,099	-1.08	1.39
SOUTH DAKOTA	33,676	29,897	29,625	-4,051	-272	-12.03	-0.91
TENNESSEE	200,203	216,285	221,831	21,628	5,546	10.80	2.56
TEXAS	852,069	974,795	991,315	139,246	16,520	16.34	1.69
UTAH	104,334	125,154	129,188	24,854	4,034	23.82	3.22
VERMONT	24,498	19,070	18,937	-5,561	-133	-22.70	-0.70
VIRGINIA	266,064	266,199	270,622	4,558	4,423	1.71	1.66
WASHINGTON	215,538	230,152	233,265	17,727	3,113	8.22	1.35
WEST VIRGINIA	65,117	57,172	59,277	-5,840	2,105	-8.97	3.68
WISCONSIN	215,450	196,296	196,473	-18,977	177	-8.81	0.09
WYOMING	21,998	18,346	18,031	-3,967	-315	-18.03	-1.72
AMERICAN SAMOA	.	5,052	5,039	.	-13	.	-0.26
GUAM	.	11,464	12,430	.	966	.	8.43
NORTHERN MARIANAS	.	3,871	3,982	.	111	.	2.87
PALAU	.	1,096	.	.	.	.	.
VIRGIN ISLANDS	.	5,789	6,160	.	371	.	6.41
BUR. OF INDIAN AFFAIRS	.	.	.	.	.	.	.
U.S. AND OUTLYING AREAS	11,107,518	11,491,581	11,546,656	439,138	55,075	3.95	0.48
50 STATES AND D.C.	11,107,518	11,273,933	11,334,677	227,159	60,744	2.05	0.54

Resident population data are provided from the Population Estimates Program, Population Division. Population figures are July estimates from the U.S. Census Bureau. Population data for Puerto Rico and the Outlying Areas are projections from the Census Bureau, International Programs Center. Data as of September 25, 2000. U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AF6

**Estimated Resident Population (Number) for Children Ages Birth Through 2
by Race/Ethnicity for the 1999-2000 School Year**

STATE	AMERICAN INDIAN/ ALASKAN	ASIAN/ PACIFIC ISLANDER	BLACK	HISPANIC	WHITE
ALABAMA	362	1,524	53,926	4,045	116,838
ALASKA	7,192	1,320	1,157	2,533	17,824
ARIZONA	13,612	4,576	6,038	91,332	116,225
ARKANSAS	755	1,148	21,379	4,519	79,503
CALIFORNIA	5,405	157,830	63,837	774,557	539,351
COLORADO	1,116	5,204	6,350	47,184	116,578
CONNECTICUT	260	4,696	13,050	23,157	90,250
DELAWARE	33	783	6,870	2,364	20,620
DISTRICT OF COLUMBIA	12	332	11,359	2,299	2,661
FLORIDA	1,639	12,531	115,680	114,154	332,531
GEORGIA	533	5,889	111,591	22,573	213,736
HAWAII	256	30,681	1,168	21,180	9,858
IDAHO	627	731	193	7,946	46,667
ILLINOIS	504	19,894	91,832	104,290	315,565
INDIANA	325	3,226	23,758	12,385	209,413
IOWA	491	2,447	2,890	5,806	98,477
KANSAS	762	2,688	7,179	12,908	82,769
KENTUCKY	194	1,463	12,459	3,401	138,732
LOUISIANA	782	2,843	74,550	7,675	106,014
MAINE	300	564	187	910	38,310
MARYLAND	573	9,900	67,628	16,279	117,876
MASSACHUSETTS	589	17,615	23,651	38,603	163,037
MICHIGAN	2,002	9,405	63,467	25,810	292,723
MINNESOTA	3,137	9,167	9,001	12,370	162,695
MISSISSIPPI	592	1,097	53,443	2,141	65,622
MISSOURI	630	3,443	29,958	8,210	176,810
MONTANA	3,698	299	75	1,481	26,003
NEBRASKA	1,041	1,423	3,273	6,113	57,368
NEVADA	1,088	4,458	5,855	25,123	51,450
NEW HAMPSHIRE	85	665	254	1,579	41,282
NEW JERSEY	374	25,626	52,116	69,314	187,325
NEW MEXICO	8,731	1,012	1,025	44,081	24,588
NEW YORK	1,555	48,204	110,737	189,320	395,418
NORTH CAROLINA	4,942	6,650	76,664	18,839	219,149
NORTH DAKOTA	2,259	322	257	794	19,737
OHIO	798	7,103	61,574	16,830	358,549
OKLAHOMA	13,330	2,462	12,749	12,468	102,387
OREGON	1,757	6,019	2,327	19,663	104,742
PENNSYLVANIA	623	10,277	51,297	27,678	336,085
PUERTO RICO	.	.	.	.	.
RHODE ISLAND	312	1,291	1,895	5,687	28,204
SOUTH CAROLINA	327	1,783	50,916	4,792	96,719
SOUTH DAKOTA	4,547	334	236	877	23,782
TENNESSEE	335	3,204	45,427	6,260	168,174
TEXAS	1,619	26,936	101,759	453,666	420,859
UTAH	1,654	4,055	660	15,190	109,710
VERMONT	8	225	50	328	18,445
VIRGINIA	555	12,872	59,010	23,203	181,305
WASHINGTON	4,416	17,386	8,506	37,331	173,703
WEST VIRGINIA	18	235	1,136	667	57,346
WISCONSIN	2,088	5,437	15,314	13,763	163,024
WYOMING	598	130	154	2,118	15,092
AMERICAN SAMOA	.	.	.	.	.
GUAM	.	.	.	.	.
NORTHERN MARIANAS	.	.	.	.	.
PALAU	.	.	.	.	.
VIRGIN ISLANDS	.	.	.	.	.
BUR. OF INDIAN AFFAIRS	.	.	.	.	.
U.S. AND OUTLYING AREAS	99,442	502,407	1,555,867	2,365,796	7,059,131
50 STATES, D.C. & P.R.	99,442	502,407	1,555,867	2,365,796	7,059,131

Population counts are July estimates from the U.S. Census Bureau.

Race/ethnicity data for Outlying Areas are not updated annually. Consequently, these data have not been included.

Data as of September 25, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

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Table AF6

**Estimated Resident Population (Percent) for Children Ages Birth Through 2
by Race/Ethnicity for the 1999-2000 School Year**

STATE	AMERICAN INDIAN/ ALASKAN	ASIAN/ PACIFIC ISLANDER	BLACK	HISPANIC	WHITE
ALABAMA	0.20	0.86	30.52	2.29	66.12
ALASKA	23.95	4.40	3.85	8.44	59.36
ARIZONA	5.82	1.96	2.58	39.07	50.57
ARKANSAS	0.70	1.07	19.92	4.21	74.09
CALIFORNIA	0.35	10.11	5.37	49.62	34.55
COLORADO	0.63	2.95	3.60	26.74	66.08
CONNECTICUT	0.20	3.57	9.93	17.62	68.68
DELAWARE	0.11	2.55	22.40	7.71	67.23
DISTRICT OF COLUMBIA	0.07	1.99	68.17	13.80	15.97
FLORIDA	0.28	2.17	20.06	19.80	57.68
GEORGIA	0.15	2.49	31.23	6.32	59.82
HAWAII	0.41	48.59	1.85	33.54	15.61
IDAHO	1.12	1.30	0.34	14.15	83.09
ILLINOIS	0.09	3.74	17.26	19.60	59.31
INDIANA	0.13	1.30	9.54	4.97	84.07
IOWA	0.45	2.22	2.62	5.27	89.43
KANSAS	0.68	2.39	6.39	11.49	79.04
KENTUCKY	0.12	0.94	7.97	2.18	88.79
LOUISIANA	0.41	1.48	38.86	4.00	55.25
MAINE	0.74	1.40	0.46	2.26	95.13
MARYLAND	0.27	4.66	31.86	7.67	55.53
MASSACHUSETTS	0.24	7.23	9.71	15.85	66.96
MICHIGAN	0.51	2.39	16.13	6.56	74.41
MINNESOTA	1.60	4.67	4.58	6.30	82.85
MISSISSIPPI	0.48	0.89	43.49	1.74	53.40
MISSOURI	0.29	1.57	13.68	3.75	80.72
MONTANA	11.72	0.95	0.24	4.69	82.40
NEBRASKA	1.50	2.06	4.73	8.83	82.88
NEVADA	1.24	5.07	6.66	28.56	58.48
NEW HAMPSHIRE	0.19	1.52	0.58	3.60	94.11
NEW JERSEY	0.11	7.66	15.57	20.71	55.96
NEW MEXICO	10.99	1.27	1.29	55.49	30.95
NEW YORK	0.21	6.47	14.86	25.40	53.06
NORTH CAROLINA	1.51	2.04	23.50	5.77	67.17
NORTH DAKOTA	9.67	1.38	1.10	3.40	84.46
OHIO	0.18	1.60	13.84	3.78	80.60
OKLAHOMA	9.30	1.72	8.89	8.69	71.40
OREGON	1.31	4.47	1.73	14.62	77.87
PENNSYLVANIA	0.15	2.41	12.04	6.50	78.90
PUERTO RICO	.	.	.	.	.
RHODE ISLAND	0.83	3.45	5.07	15.21	75.43
SOUTH CAROLINA	0.21	1.15	32.95	3.10	62.59
SOUTH DAKOTA	15.27	1.12	0.79	2.95	79.87
TENNESSEE	0.15	1.43	20.33	2.80	75.28
TEXAS	0.16	2.68	10.13	45.15	41.88
UTAH	1.26	3.09	0.50	11.57	83.58
VERMONT	0.04	1.18	0.26	1.72	96.79
VIRGINIA	0.20	4.65	21.31	8.38	65.47
WASHINGTON	1.83	7.20	3.52	15.47	71.97
WEST VIRGINIA	0.03	0.40	1.91	1.12	96.54
WISCONSIN	1.05	2.72	7.67	6.89	81.66
WYOMING	3.31	0.72	0.85	11.71	83.42
AMERICAN SAMOA	.	.	.	.	.
GUAM	.	.	.	.	.
NORTHERN MARIANAS	.	.	.	.	.
PALAU	.	.	.	.	.
VIRGIN ISLANDS	.	.	.	.	.
BUR. OF INDIAN AFFAIRS	.	.	.	.	.
U.S. AND OUTLYING AREAS	0.86	4.34	13.43	20.43	60.95
50 STATES, D.C. & P.R.	0.86	4.34	13.43	20.43	60.95

Population counts are July estimates from the U.S. Census Bureau.

Race/ethnicity data for Outlying Areas are not updated annually. Consequently, these data have not been included.

Data as of September 25, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AG1

State Grant Awards Under IDEA, Part B, Preschool Grant Program and Part C

FEDERAL FISCAL YEAR 2000
(SCHOOL YEAR 2000-2001)

STATE	PART B, SECTION 611	PART B, SECTION 619	PART C
ALABAMA	79,372,913	5,730,375	5,442,925
ALASKA	14,360,167	1,294,380	1,836,562
ARIZONA	71,831,645	5,545,066	7,163,113
ARKANSAS	46,925,276	5,479,110	3,300,402
CALIFORNIA	505,630,798	39,848,701	45,929,796
COLORADO	60,836,940	5,073,769	5,377,332
CONNECTICUT	60,621,805	5,009,888	3,992,165
DELAWARE	13,161,054	1,287,906	1,836,562
DISTRICT OF COLUMBIA	6,617,417	253,905	1,836,562
FLORIDA	274,310,784	18,917,454	17,645,688
GEORGIA	126,278,991	10,077,250	10,918,523
HAWAII	16,598,674	1,036,577	1,836,562
IDAHO	22,338,848	2,233,491	1,836,562
ILLINOIS	222,970,401	18,041,307	16,151,859
INDIANA	115,783,816	9,088,983	7,655,126
IOWA	56,057,887	4,077,008	3,369,461
KANSAS	46,805,142	4,426,665	3,433,291
KENTUCKY	69,988,093	10,431,998	4,812,022
LOUISIANA	77,220,761	6,628,385	5,894,220
MAINE	25,125,639	2,567,159	1,836,562
MARYLAND	88,552,235	6,824,190	6,413,677
MASSACHUSETTS	130,345,374	10,103,890	7,269,022
MICHIGAN	168,624,335	12,853,643	12,028,661
MINNESOTA	85,579,363	7,587,477	5,931,008
MISSISSIPPI	49,937,502	4,321,339	3,786,753
MISSOURI	103,938,330	6,171,495	6,722,152
MONTANA	15,239,841	1,215,398	1,836,562
NEBRASKA	34,286,654	2,306,907	2,120,927
NEVADA	27,013,687	2,312,229	2,652,976
NEW HAMPSHIRE	21,791,090	1,591,180	1,836,562
NEW JERSEY	165,972,682	11,621,386	9,965,995
NEW MEXICO	41,240,344	3,256,045	2,442,953
NEW YORK	342,212,717	34,473,989	22,320,520
NORTH CAROLINA	132,570,043	11,554,652	9,991,552
NORTH DAKOTA	10,686,617	839,536	1,836,562
OHIO	186,600,286	12,874,725	13,648,077
OKLAHOMA	64,473,544	3,760,076	4,398,814
OREGON	56,238,461	3,960,512	4,068,712
PENNSYLVANIA	183,436,695	14,293,994	13,016,152
PUERTO RICO	43,909,097	3,273,690	5,782,773
RHODE ISLAND	20,079,813	1,707,269	1,836,562
SOUTH CAROLINA	78,237,560	7,293,431	4,752,400
SOUTH DAKOTA	12,730,542	1,496,640	1,836,562
TENNESSEE	101,635,101	7,049,034	6,863,518
TEXAS	393,361,010	23,676,158	30,671,586
UTAH	44,372,041	3,647,879	3,997,116
VERMONT	10,303,939	892,952	1,836,562
VIRGINIA	121,999,520	9,323,245	8,373,127
WASHINGTON	92,258,094	8,343,791	7,217,290
WEST VIRGINIA	34,872,055	3,558,432	1,836,562
WISCONSIN	92,662,516	9,674,989	6,078,934
WYOMING	10,809,853	1,090,450	1,836,562
AMERICAN SAMOA	4,956,510	0	589,812
GUAM	11,974,852	0	1,306,168
NORTHERN MARIANAS	3,056,556	0	392,577
PALAU	0	0	0
VIRGIN ISLANDS	9,078,705	0	769,327
BUR. OF INDIAN AFFAIRS	61,173,538	0	4,629,630
U.S. AND OUTLYING AREAS	4,969,048,155	390,000,000	375,000,000
50 STATES, D.C. & P.R.	4,878,807,994	390,000,000	367,312,486

Data as of September 25, 2000.

Amounts listed for IDEA, Part B do not include funding for studies and evaluation or a competition for Pacific Basin entities.

When included, the total appropriation for Part is \$4,989,685,000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH1
Number of Infants and Toddlers Receiving Early Intervention Services
December 1, 1999

STATE	BIRTH			TOTAL	POPULATION	PERCENTAGE OF POPULATION
	0-1	1-2	2-3			
ALABAMA	239	655	931	1,825	175,917	1.04
ALASKA	68	157	332	557	29,390	1.90
ARIZONA	436	840	1,005	2,281	231,514	0.99
ARKANSAS	279	747	994	2,020	106,670	1.89
CALIFORNIA	4,541	7,065	9,473	21,079	1,484,465	1.42
COLORADO	548	1,004	1,446	2,998	173,797	1.73
CONNECTICUT	436	1,059	1,859	3,354	129,028	2.60
DELAWARE	177	328	428	933	30,304	3.08
DISTRICT OF COLUMBIA	16	70	126	212	16,494	1.29
FLORIDA	2,119	3,760	5,667	11,546	570,314	2.02
GEORGIA	508	1,355	1,868	3,731	352,890	1.06
HAWAII	999	978	1,108	3,085	48,150	6.41
IDAHO	219	414	571	1,204	55,817	2.16
ILLINOIS	1,086	2,818	4,200	8,104	522,033	1.55
INDIANA	1,504	2,472	3,251	7,227	247,416	2.92
IOWA	149	344	621	1,114	108,902	1.02
KANSAS	371	692	1,124	2,187	110,965	1.97
KENTUCKY	409	962	1,514	2,885	155,526	1.85
LOUISIANA	267	689	1,009	1,965	190,503	1.03
MAINE	53	225	470	748	39,977	1.87
MARYLAND	561	1,332	2,392	4,285	207,292	2.07
MASSACHUSETTS	1,870	3,579	5,549	10,998	234,937	4.68
MICHIGAN	1,423	2,360	3,062	6,845	388,770	1.76
MINNESOTA	383	799	1,670	2,852	191,692	1.49
MISSISSIPPI	562	760	950	2,272	122,389	1.86
MISSOURI	495	869	1,302	2,666	217,262	1.23
MONTANA	114	214	300	628	31,407	2.00
NEBRASKA	121	283	548	952	68,549	1.39
NEVADA	499	382	186	1,067	85,745	1.24
NEW HAMPSHIRE	127	313	539	979	43,559	2.25
NEW JERSEY	447	1,565	2,731	4,743	322,104	1.47
NEW MEXICO	231	467	563	1,261	78,957	1.60
NEW YORK	1,617	5,895	15,987	23,499	721,406	3.26
NORTH CAROLINA	508	1,551	2,272	4,331	322,930	1.34
NORTH DAKOTA	56	138	134	328	23,200	1.41
OHIO	3,031	2,436	1,648	7,115	441,110	1.61
OKLAHOMA	442	817	959	2,218	142,171	1.56
OREGON	219	580	986	1,785	131,502	1.36
PENNSYLVANIA	1,414	2,810	3,965	8,189	420,686	1.95
PUERTO RICO	416	1,068	1,492	2,976	184,368	1.61
RHODE ISLAND	150	274	595	1,019	36,774	2.77
SOUTH CAROLINA	364	800	1,240	2,404	153,599	1.57
SOUTH DAKOTA	81	212	318	611	29,625	2.06
TENNESSEE	614	1,259	1,884	3,757	221,831	1.69
TEXAS	2,321	4,736	7,304	14,361	991,315	1.45
UTAH	425	719	949	2,093	129,188	1.62
VERMONT	32	111	266	409	18,937	2.16
VIRGINIA	1,694	940	376	3,010	270,622	1.11
WASHINGTON	290	952	1,539	2,781	233,265	1.19
WEST VIRGINIA	190	303	340	833	59,277	1.41
WISCONSIN	597	1,452	2,580	4,629	196,473	2.36
WYOMING	59	125	217	401	18,031	2.22
AMERICAN SAMOA	9	6	16	31	5,039	0.62
GUAM	29	81	132	242	12,430	1.95
NORTHERN MARIANAS	9	13	18	40	3,982	1.00
PALAU	0	2	1	3	.	.
VIRGIN ISLANDS	23	48	30	101	6,160	1.64
BUR. OF INDIAN AFFAIRS	.	.	.	.	.	.
U.S. AND OUTLYING AREAS	35,647	66,885	103,037	205,769	11,546,656	1.78
50 STATES, D.C. & P.R.	35,777	66,735	102,840	205,352	11,519,045	1.78

Please see data notes for an explanation of individual State differences.
Population figures are July estimates from the U.S. Census Bureau. Population data for Puerto Rico and the Outlying Areas are projections from the Census Bureau, International Programs Center.
Data based on the December 1, 1999 count, updated as of September 25, 2000.
Arizona child count data based on December 1, 1998 count.
U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH2
Number of At-Risk Infants and Toddlers Receiving Early Intervention Services
(Duplicated Count), December 1, 1999

STATE	0-1	1-2	2-3	BIRTH THROUGH 2 TOTAL
CALIFORNIA	2,965	5,411	6,919	15,295
HAWAII	703	530	388	1,621
INDIANA	273	171	42	486
MASSACHUSETTS	92	211	179	482
NEVADA	9	8	10	27
NEW HAMPSHIRE	5	5	10	20
NEW MEXICO	139	181	146	466
NORTH CAROLINA	103	220	217	540
WEST VIRGINIA	36	55	39	130
GUAM	.	9	4	13
U.S. AND OUTLYING AREAS	4,325	6,801	7,954	19,080

Please see data notes for an explanation of individual state differences.

Data based on the December 1, 1999 count. Updated as of September 25, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

In 1998, OSEP first required States to separately report at-risk infants and toddlers.

Table AH3

**Early Intervention Services on IFSPs Provided to Infants, Toddlers, and Their Families
in Accord with Part C, December 1, 1998**

STATE	ASSISTIVE TECHNOLOGY SERVICES/ DEVICES	AUDIOLOGY	FAMILY TRAINING COUNSELING AND HOME VISITS	HEALTH SERVICES	MEDICAL SERVICES	NURSING SERVICES
ALABAMA	66	176	799	71	122	247
ALASKA	0	82	9	77	145	46
ARIZONA	4	87	411	14	75	43
ARKANSAS	38	164	1,587	34	107	183
CALIFORNIA	62	341	138	1,285	11	158
COLORADO	300	298	897	506	655	205
CONNECTICUT	1	30	66	0	0	18
DELAWARE	17	20	59	52	224	93
DISTRICT OF COLUMBIA	3	13	188	63	48	121
FLORIDA	1,506	1,411	7,846	65	6,370	3,923
GEORGIA	0	1	2	0	0	0
HAWAII	104	166	1,783	86	167	799
IDAHO	24	148	142	39	289	192
ILLINOIS	12	245	380	24	0	582
INDIANA	547	602	8	13	17	63
IOWA	76	118	65	51	49	77
KANSAS	317	375	708	162	125	173
KENTUCKY	251	345	1,503	0	34	64
LOUISIANA	42	346	97	202	383	79
MAINE	16	4	51	2	2	0
MARYLAND	15	636	191	82	18	388
MASSACHUSETTS	0	294	9,803	9,803	0	794
MICHIGAN	107	241	1,680	1,612	480	1,292
MINNESOTA	178	306	619	249	286	398
MISSISSIPPI	61	264	291	0	52	0
MISSOURI	278	105	822	13	114	51
MONTANA	86	144	580	97	152	26
NEBRASKA	7	46	50	167	2	89
NEVADA	131	91	961	40	84	0
NEW HAMPSHIRE	0	0	289	0	0	17
NEW JERSEY	66	158	260	5	73	61
NEW MEXICO	4	68	175	23	15	16
NEW YORK	483	996	4,450	0	0	123
NORTH CAROLINA	224	824	995	288	1,460	331
NORTH DAKOTA	54	63	222	26	43	40
OHIO	124	491	559	987	1,076	959
OKLAHOMA	1	2	12	0	0	61
OREGON	39	93	480	25	59	89
PENNSYLVANIA	42	288	100	1	6	174
PUERTO RICO	238	1,249	688	629	2,360	2,360
RHODE ISLAND	1	73	242	2	1	12
SOUTH CAROLINA	40	194	79	45	169	58
SOUTH DAKOTA	10	20	51	1	2	1
TENNESSEE	191	470	1,736	311	519	715
TEXAS	1,088	706	2,822	123	154	178
UTAH	75	204	1,092	0	0	460
VERMONT	9	31	48	0	32	13
VIRGINIA	75	68	223	21	104	61
WASHINGTON	202	240	802	265	253	219
WEST VIRGINIA	75	60	108	9	28	86
WISCONSIN	104	142	496	20	62	296
WYOMING	19	31	162	93	52	37
AMERICAN SAMOA	0	1	0	0	0	2
GUAM	1	111	197	0	0	12
NORTHERN MARIANAS	0	24	8	0	5	0
PALAU	.	.	.	.	.	.
VIRGIN ISLANDS	2	5	28	3	47	6
U.S. AND OUTLYING AREAS	7,416	13,713	48,080	17,686	16,531	16,491
50 STATES, D.C. & P.R.	7,413	13,572	47,847	17,683	16,479	16,471

Please see data notes for an explanation of individual State differences.

Data based on the December 1, 1998 count, updated as of September 25, 2000.

North Carolina and Arizona data based on the December 1, 1997 count.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH3

**Early Intervention Services on IFSPs Provided to Infants, Toddlers, and Their Families
in Accord with Part C, December 1, 1998**

STATE	NUTRITION SERVICES	OCCUPA- TIONAL THERAPY	PHYSICAL THERAPY	PSYCHO- LOGICAL SERVICES	RESPIRE CARE	SOCIAL WORK SERVICES
ALABAMA	67	1,103	1,237	90	0	147
ALASKA	68	114	156	3	33	28
ARIZONA	70	803	823	4	311	13
ARKANSAS	104	772	782	157	12	205
CALIFORNIA	23	1,398	846	317	1,364	72
COLORADO	348	766	795	53	427	179
CONNECTICUT	5	690	905	8	0	133
DELAWARE	120	237	257	22	1	84
DISTRICT OF COLUMBIA	76	147	133	69	4	156
FLORIDA	0	3,868	4,213	2,279	0	25,391
GEORGIA	0	15	40	0	0	0
HAWAII	304	625	574	114	246	821
IDAHO	182	430	208	209	152	371
ILLINOIS	113	1,676	1,792	251	0	186
INDIANA	92	2,455	2,870	62	0	45
IOWA	51	370	425	61	32	105
KANSAS	275	762	802	119	136	412
KENTUCKY	66	1,134	1,245	37	259	27
LOUISIANA	152	522	532	5	14	44
MAINE	0	188	118	7	0	26
MARYLAND	11	1,061	1,782	61	2	60
MASSACHUSETTS	196	1,000	902	608	0	1,235
MICHIGAN	652	1,706	1,511	287	334	1,551
MINNESOTA	139	1,295	984	59	364	603
MISSISSIPPI	28	64	56	9	160	78
MISSOURI	73	770	897	15	0	29
MONTANA	110	152	164	28	225	69
NEBRASKA	153	472	456	93	118	0
NEVADA	179	268	369	84	7	84
NEW HAMPSHIRE	12	365	291	2	0	29
NEW JERSEY	105	896	1,465	30	28	394
NEW MEXICO	83	409	366	8	77	10
NEW YORK	165	7,307	8,246	380	1,503	1,278
NORTH CAROLINA	779	860	1,661	162	437	658
NORTH DAKOTA	60	145	76	31	59	45
OHIO	962	1,815	1,860	99	390	815
OKLAHOMA	3	307	455	29	0	2
OREGON	20	615	697	4	1	30
PENNSYLVANIA	76	2,917	3,446	148	0	266
PUERTO RICO	794	1,412	1,277	856	0	1,874
RHODE ISLAND	130	228	262	13	0	5
SOUTH CAROLINA	750	616	793	59	2	42
SOUTH DAKOTA	13	224	273	1	0	0
TENNESSEE	529	694	943	113	16	970
TEXAS	1,156	3,998	3,272	149	72	816
UTAH	0	641	566	8	0	53
VERMONT	48	94	148	7	42	11
VIRGINIA	51	708	1,175	16	232	106
WASHINGTON	386	899	720	128	86	372
WEST VIRGINIA	170	551	962	103	19	165
WISCONSIN	68	1,874	1,685	37	0	774
WYOMING	57	160	147	26	21	31
AMERICAN SAMOA	0	9	3	0	1	0
GUAM	7	26	62	68	0	27
NORTHERN MARIANAS	0	13	29	0	0	15
PALAU	.	.	.	.	.	.
VIRGIN ISLANDS	4	39	56	0	0	10
U.S. AND OUTLYING AREAS	10,085	52,685	56,810	7,588	7,187	40,962
50 STATES, D.C. & P.R.	10,074	52,598	56,660	7,520	7,186	40,910

Please see data notes for an explanation of individual State differences.

Data based on the December 1, 1998 count, updated as of September 25, 2000.

North Carolina and Arizona data based on the December 1, 1997 count.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH3

**Early Intervention Services on IFSPs Provided to Infants, Toddlers, and Their Families
in Accord with Part C, December 1, 1998**

STATE	SPECIAL INSTRUCTION	SPEECH LANGUAGE PATHOLOGY	TRANSPOR- TATION	VISION SERVICES	OTHER EARLY INTERVEN- TION SERVICES
ALABAMA	912	1,613	271	171	1,930
ALASKA	442	152	3	25	0
ARIZONA	1,277	825	132	28	16
ARKANSAS	1,587	1,141	593	132	499
CALIFORNIA	5,273	2,067	768	301	1,249
COLORADO	1,491	736	263	213	778
CONNECTICUT	1,696	1,353	26	28	176
DELAWARE	338	328	58	87	615
DISTRICT OF COLUMBIA	74	164	48	21	0
FLORIDA	0	6,430	2,931	1,575	13,231
GEORGIA	22	52	2	13	12
HAWAII	517	740	447	158	26
IDAHO	524	441	109	42	72
ILLINOIS	3,481	2,718	183	3	0
INDIANA	3,961	3,409	825	71	35
IOWA	843	356	29	63	181
KANSAS	1,127	1,249	205	284	84
KENTUCKY	3,313	1,840	132	110	1,218
LOUISIANA	1,336	439	20	306	697
MAINE	402	440	226	0	0
MARYLAND	2,379	2,067	520	173	8
MASSACHUSETTS	2,255	1,470	2,548	588	0
MICHIGAN	1,898	1,480	712	136	1,853
MINNESOTA	2,178	1,514	214	188	0
MISSISSIPPI	694	489	11	13	2
MISSOURI	713	1,128	392	71	48
MONTANA	138	213	42	47	580
NEBRASKA	0	591	139	14	59
NEVADA	1,066	457	5	29	1,066
NEW HAMPSHIRE	178	457	0	8	388
NEW JERSEY	2,828	1,826	52	218	133
NEW MEXICO	759	570	27	25	919
NEW YORK	11,298	15,778	5,749	329	0
NORTH CAROLINA	2,415	1,446	656	566	927
NORTH DAKOTA	176	140	38	58	16
OHIO	1,865	2,179	886	205	12,406
OKLAHOMA	468	707	0	7	49
OREGON	405	866	199	64	126
PENNSYLVANIA	4,276	3,909	42	273	0
PUERTO RICO	1,358	1,189	514	329	0
RHODE ISLAND	473	323	127	13	626
SOUTH CAROLINA	1,171	771	28	249	353
SOUTH DAKOTA	356	377	209	15	0
TENNESSEE	1,892	1,307	754	246	362
TEXAS	8,754	6,045	159	617	140
UTAH	758	920	455	168	18
VERMONT	268	187	15	19	0
VIRGINIA	1,164	944	192	86	73
WASHINGTON	1,480	1,231	528	115	209
WEST VIRGINIA	1,718	945	287	57	0
WISCONSIN	2,560	2,894	905	103	48
WYOMING	211	216	86	17	23
AMERICAN SAMOA	0	0	0	0	0
GUAM	73	67	34	0	5
NORTHERN MARIANAS	32	19	4	2	10
PALAU	.	.	.	.	.
VIRGIN ISLANDS	34	37	0	6	0
U.S. AND OUTLYING AREAS	89,907	81,252	23,800	8,735	41,266
50 STATES, D.C. & P.R.	89,768	81,129	23,762	8,727	41,251

Please see data notes for an explanation of individual State differences.

Data based on the December 1, 1998 count, updated as of September 25, 2000.

North Carolina and Arizona data based on the December 1, 1997 count.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH4

Number and Type of Personnel Employed and Contracted To Provide Early Intervention Services to Infants and Toddlers with Disabilities and Their Families, December 1, 1998

STATE	ALL STAFF	AUDIOLOGISTS	FAMILY THERAPISTS	NURSES
ALABAMA	249	1	6	8
ALASKA	92	1	0	3
ARIZONA	307	0	6	41
ARKANSAS	1,282	10	0	61
CALIFORNIA	0	0	0	0
COLORADO	6	0	0	0
CONNECTICUT	476	11	4	7
DELAWARE	214	1	0	52
DISTRICT OF COLUMBIA	122	0	5	9
FLORIDA	6,263	121	0	292
GEORGIA	102	3	5	3
HAWAII	298	1	0	41
IDAHO	156	1	0	6
ILLINOIS	1,686	33	47	48
INDIANA	582	2	0	1
IOWA	211	7	0	13
KANSAS	301	2	0	14
KENTUCKY	173	0	1	0
LOUISIANA	202	1	2	5
MAINE	301	1	4	.
MARYLAND	447	5	6	26
MASSACHUSETTS	1,080	0	0	88
MICHIGAN	1,055	10	14	131
MINNESOTA	478	7	3	31
MISSISSIPPI	135	0	0	1
MISSOURI	104	3	2	0
MONTANA	86	0	1	4
NEBRASKA	289	0	0	2
NEVADA	103	2	0	0
NEW HAMPSHIRE	111	.	2	1
NEW JERSEY	400	0	0	17
NEW MEXICO	200	0	6	7
NEW YORK	9,326	165	.	1,078
NORTH CAROLINA	1,149	19	18	59
NORTH DAKOTA	31	1	2	2
OHIO	2,463	43	7	406
OKLAHOMA	147	2	0	8
OREGON	220	1	1	3
PENNSYLVANIA	1,264	6	2	10
PUERTO RICO	204	4	0	33
RHODE ISLAND	93	0	0	6
SOUTH CAROLINA	244	1	8	14
SOUTH DAKOTA	61	0	.	5
TENNESSEE	599	27	2	38
TEXAS	1,473	7	5	61
UTAH	180	1	0	14
VERMONT	69	1	0	4
VIRGINIA	517	12	0	42
WASHINGTON	528	4	7	24
WEST VIRGINIA	271	2	4	9
WISCONSIN	504	1	4	12
WYOMING	87	3	4	0
AMERICAN SAMOA	.	.	.	.
GUAM	32	1	1	4
NORTHERN MARIANAS	9	0	.	0
PALAU	.	.	.	.
VIRGIN ISLANDS	10	1	0	2
U.S. AND OUTLYING AREAS	36,993	525	179	2,745
50 STATES, D.C. & P.R.	36,942	522	178	2,739

Please see data notes for an explanation of individual State differences.

The total FTE for the U.S. and Outlying Areas and the 50 States, D.C., and Puerto Rico may not equal the sum of the personnel categories because (1) some States could not provide personnel data by category and (2) rounding.

Data based on the December 1, 1998 count, updated as of September 25, 2000.

Arizona and South Carolina data based on the December 1, 1997 count.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH4

Number and Type of Personnel Employed and Contracted To Provide Early Intervention Services to Infants and Toddlers with Disabilities and Their Families, December 1, 1998

STATE	NUTRITIONISTS	OCCUPATIONAL THERAPISTS	ORIENTATION AND MOBILITY SPECIALISTS	PARAPROFESSIONALS
ALABAMA	1	16	2	38
ALASKA	0	11	2	14
ARIZONA	24	27	0	36
ARKANSAS	5	101	0	427
CALIFORNIA	0	0	0	0
COLORADO	0	1	0	0
CONNECTICUT	4	50	2	48
DELAWARE	3	12	1	43
DISTRICT OF COLUMBIA	4	10	0	28
FLORIDA	20	610	0	127
GEORGIA	6	20	0	0
HAWAII	3	16	1	139
IDAHO	1	11	0	28
ILLINOIS	29	185	382	0
INDIANA	1	65	0	34
IOWA	3	16	1	5
KANSAS	2	24	0	91
KENTUCKY	0	31	5	.
LOUISIANA	0	16	0	13
MAINE	.	25	.	2
MARYLAND	0	38	0	49
MASSACHUSETTS	3	111	.	96
MICHIGAN	7	93	2	30
MINNESOTA	2	57	3	27
MISSISSIPPI	1	6	0	36
MISSOURI	2	17	2	.
MONTANA	1	5	0	7
NEBRASKA	.	9	0	101
NEVADA	4	4	0	16
NEW HAMPSHIRE	.	25	.	16
NEW JERSEY	0	34	0	30
NEW MEXICO	0	14	0	32
NEW YORK	65	1,127	18	503
NORTH CAROLINA	9	39	10	194
NORTH DAKOTA	0	4	0	0
OHIO	20	211	0	0
OKLAHOMA	3	23	0	0
OREGON	0	17	0	52
PENNSYLVANIA	2	165	8	44
PUERTO RICO	4	28	0	32
RHODE ISLAND	2	3	0	13
SOUTH CAROLINA	1	3	2	31
SOUTH DAKOTA	0	7	0	.
TENNESSEE	3	36	0	119
TEXAS	18	127	6	171
UTAH	1	11	0	38
VERMONT	2	4	0	10
VIRGINIA	14	59	3	32
WASHINGTON	6	55	2	61
WEST VIRGINIA	4	11	1	32
WISCONSIN	1	91	1	51
WYOMING	0	13	1	5
AMERICAN SAMOA	.	.	.	.
GUAM	0	0	0	7
NORTHERN MARIANAS	0	0	.	5
PALAU	.	.	.	.
VIRGIN ISLANDS	0	0	.	1
U.S. AND OUTLYING AREAS	279	3,695	457	2,912
50 STATES, D.C. & P.R.	279	3,695	457	2,900

Please see data notes for an explanation of individual State differences.

The total FTE for the U.S. and Outlying Areas and the 50 States, D.C., and Puerto Rico may not equal the sum of the personnel categories because (1) some States could not provide personnel data by category and (2) rounding.

Data based on the December 1, 1998 count, updated as of September 25, 2000.

Arizona and South Carolina data based on the December 1, 1997 count.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH4

Number and Type of Personnel Employed and Contracted To Provide Early Intervention Services to Infants and Toddlers with Disabilities and Their Families, December 1, 1998

STATE	PEDIATRICIANS	PHYSICAL THERAPISTS	PHYSICIANS, OTHER THAN PEDIATRICIANS	PSYCHOLOGISTS
ALABAMA	0	23	0	0
ALASKA	0	14	0	1
ARIZONA	0	36	1	5
ARKANSAS	4	106	6	7
CALIFORNIA	0	0	0	0
COLORADO	0	2	0	0
CONNECTICUT	5	59	2	4
DELAWARE	15	16	0	1
DISTRICT OF COLUMBIA	5	6	2	5
FLORIDA	1,522	628	540	175
GEORGIA	0	21	0	3
HAWAII	0	11	0	2
IDAHO	1	5	1	4
ILLINOIS	0	200	4	41
INDIANA	0	73	0	1
IOWA	0	15	1	14
KANSAS	0	17	0	2
KENTUCKY	.	31	.	1
LOUISIANA	0	11	0	5
MAINE	1	6	.	3
MARYLAND	4	58	0	6
MASSACHUSETTS	1	100	0	67
MICHIGAN	10	66	43	26
MINNESOTA	.	32	.	8
MISSISSIPPI	0	5	0	7
MISSOURI	2	18	1	0
MONTANA	1	7	0	0
NEBRASKA	0	8	0	2
NEVADA	3	5	0	7
NEW HAMPSHIRE	.	18	.	0
NEW JERSEY	0	49	1	1
NEW MEXICO	1	17	0	5
NEW YORK	265	1,290	0	448
NORTH CAROLINA	11	51	0	48
NORTH DAKOTA	0	0	0	0
OHIO	0	229	74	58
OKLAHOMA	0	24	0	4
OREGON	0	14	0	1
PENNSYLVANIA	1	165	0	7
PUERTO RICO	15	25	0	8
RHODE ISLAND	0	5	0	1
SOUTH CAROLINA	1	5	1	1
SOUTH DAKOTA	0	9	0	0
TENNESSEE	5	37	1	1
TEXAS	19	91	14	4
UTAH	0	8	0	0
VERMONT	1	6	0	1
VIRGINIA	8	69	6	7
WASHINGTON	10	44	3	2
WEST VIRGINIA	2	14	1	2
WISCONSIN	1	78	0	1
WYOMING	.	11	.	1
AMERICAN SAMOA	.	.	.	.
GUAM	0	1	0	0
NORTHERN MARIANAS	0	1	.	.
PALAU	.	.	.	.
VIRGIN ISLANDS	1	2	0	0
U.S. AND OUTLYING AREAS	1,914	3,840	702	998
50 STATES, D.C. & P.R.	1,912	3,836	702	998

Please see data notes for an explanation of individual State differences.

The total FTE for the U.S. and Outlying Areas and the 50 States, D.C., and Puerto Rico may not equal the sum of the personnel categories because (1) some States could not provide personnel data by category and (2) rounding.

Data based on the December 1, 1998 count, updated as of September 25, 2000.

Arizona and South Carolina data based on the December 1, 1997 count.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH4

Number and Type of Personnel Employed and Contracted To Provide Early Intervention Services to Infants and Toddlers with Disabilities and Their Families, December 1, 1998

STATE	SOCIAL WORKERS	SPECIAL EDUCATORS	SPEECH AND LANGUAGE PATHOLOGISTS	OTHER PROFESSIONAL STAFF
ALABAMA	17	47	23	65
ALASKA	2	33	11	0
ARIZONA	23	44	37	28
ARKANSAS	16	134	189	214
CALIFORNIA	0	0	0	0
COLORADO	0	1	2	0
CONNECTICUT	20	146	89	24
DELAWARE	10	16	19	23
DISTRICT OF COLUMBIA	9	19	11	8
FLORIDA	428	415	802	563
GEORGIA	1	14	23	3
HAWAII	33	14	10	28
IDAHO	13	31	15	39
ILLINOIS	7	0	307	403
INDIANA	0	184	106	116
IOWA	18	83	28	6
KANSAS	14	80	39	15
KENTUCKY	0	39	63	1
LOUISIANA	9	103	20	17
MAINE	3	102	75	81
MARYLAND	24	146	84	0
MASSACHUSETTS	137	249	163	65
MICHIGAN	141	278	118	86
MINNESOTA	38	186	85	0
MISSISSIPPI	9	43	17	11
MISSOURI	1	34	24	.
MONTANA	2	2	8	49
NEBRASKA	5	104	56	2
NEVADA	6	38	15	3
NEW HAMPSHIRE	2	21	22	3
NEW JERSEY	30	92	70	77
NEW MEXICO	6	65	26	21
NEW YORK	726	2,033	1,599	9
NORTH CAROLINA	129	233	76	253
NORTH DAKOTA	1	16	3	2
OHIO	264	567	332	252
OKLAHOMA	1	32	50	2
OREGON	1	65	40	28
PENNSYLVANIA	36	330	220	268
PUERTO RICO	11	0	28	15
RHODE ISLAND	7	5	11	41
SOUTH CAROLINA	1	165	10	0
SOUTH DAKOTA	0	29	11	.
TENNESSEE	22	161	74	73
TEXAS	119	182	192	459
UTAH	3	12	16	76
VERMONT	2	18	8	12
VIRGINIA	45	55	79	85
WASHINGTON	14	134	128	34
WEST VIRGINIA	25	48	21	98
WISCONSIN	14	95	138	16
WYOMING	3	21	17	9
AMERICAN SAMOA	.	.	.	.
GUAM	4	10	2	2
NORTHERN MARIANAS	1	2	0	0
PALAU	.	.	.	.
VIRGIN ISLANDS	0	0	1	.
U.S. AND OUTLYING AREAS	2,454	6,976	5,611	3,707
50 STATES, D.C. & P.R.	2,449	6,964	5,608	3,705

Please see data notes for an explanation of individual State differences.

The total FTE for the U.S. and Outlying Areas and the 50 States, D.C., and Puerto Rico may not equal the sum of the personnel categories because (1) some States could not provide personnel data by category and (2) rounding.

Data based on the December 1, 1998 count, updated as of September 25, 2000.

Arizona and South Carolina data based on the December 1, 1997 count.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH5

**Number of Infants and Toddlers Birth Through Age 2 Served in Different
Early Intervention Settings Under Part C, December 1, 1998**

STATE	DEVELOPMENTAL DELAY PROGRAMS	HOME	HOSPITAL (INPATIENT)	SERVICE PROVIDER LOCATION
ALABAMA	812	523	4	326
ALASKA	38	445	1	2
ARIZONA	497	1,140	3	84
ARKANSAS	1,166	669	1	63
CALIFORNIA	0	4,581	0	2,113
COLORADO	481	1,233	126	378
CONNECTICUT	62	2,824	1	95
DELAWARE	119	248	6	107
DISTRICT OF COLUMBIA	191	28	.	18
FLORIDA	1,272	3,432	144	6,896
GEORGIA	7	82	1	66
HAWAII	709	2,045	6	59
IDAHO	279	668	1	97
ILLINOIS	2,289	1,555	0	557
INDIANA	970	3,253	3	942
IOWA	92	771	0	12
KANSAS	236	1,429	2	107
KENTUCKY	.	3,272	.	3,323
LOUISIANA	137	1,161	3	306
MAINE	23	168	106	268
MARYLAND	1,392	2,468	2	133
MASSACHUSETTS	.	9,803	.	.
MICHIGAN	1,237	4,212	60	251
MINNESOTA	547	2,085	7	61
MISSISSIPPI	0	1,155	698	278
MISSOURI	594	1,250	22	480
MONTANA	8	525	3	31
NEBRASKA	150	578	2	3
NEVADA	239	312	4	467
NEW HAMPSHIRE	30	873	.	.
NEW JERSEY	580	3,326	25	89
NEW MEXICO	326	726	0	74
NEW YORK	5,378	14,402	52	47
NORTH CAROLINA	420	3,439	0	0
NORTH DAKOTA	7	278	0	7
OHIO	1,348	2,028	46	197
OKLAHOMA	17	1,920	15	36
OREGON	650	850	3	54
PENNSYLVANIA	352	6,457	3	108
PUERTO RICO	2,065	37	0	484
RHODE ISLAND	224	495	.	56
SOUTH CAROLINA	45	1,323	6	799
SOUTH DAKOTA	104	338	3	43
TENNESSEE	722	1,568	17	829
TEXAS	61	11,395	9	76
UTAH	553	1,151	0	95
VERMONT	81	286	0	14
VIRGINIA	603	993	5	476
WASHINGTON	1,317	673	4	202
WEST VIRGINIA	274	1,213	2	221
WISCONSIN	1,367	2,163	21	278
WYOMING	74	277	0	20
AMERICAN SAMOA	26	442	29	26
GUAM	73	151	0	0
NORTHERN MARIANAS	4	27	0	5
PALAU	.	.	.	.
VIRGIN ISLANDS	0	32	0	55
U.S. AND OUTLYING AREAS	30,248	108,778	1,446	21,813
50 STATES, D.C. & P.R.	30,145	108,126	1,417	21,727

Please see data notes for an explanation of individual State differences.

Data based on the December 1, 1998 count, updated as of September 25, 2000.

Arizona and North Carolina data based on December 1, 1997 count.

During the 1997-98 school year, Developmental Delay Programs were called Early Intervention Classroom/Center.

During the 1997-98 school year, Typically Developing Programs was called Regular Nursery School/Child Care Center.

During the 1997-98 school year, Service Provider Location was called Outpatient Service Facility.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH5

**Number of Infants and Toddlers Birth Through Age 2 Served in Different
Early Intervention Settings Under Part C, December 1, 1998**

STATE	TYPICALLY DEVELOPING PROGRAMS	RESIDENTIAL FACILITY	OTHER SETTING	ALL SETTINGS
ALABAMA	16	18	27	1,726
ALASKA	5	3	5	499
ARIZONA	1	0	25	1,752
ARKANSAS	77	35	0	2,011
CALIFORNIA	0	0	0	6,694
COLORADO	195	1	46	2,460
CONNECTICUT	445	0	0	3,427
DELAWARE	27	0	305	812
DISTRICT OF COLUMBIA	12	.	.	249
FLORIDA	11	12	141	11,908
GEORGIA	3	0	0	159
HAWAII	294	0	2	3,115
IDAHO	10	0	1	1,056
ILLINOIS	46	0	356	4,803
INDIANA	189	5	177	5,539
IOWA	83	1	3	962
KANSAS	102	0	8	1,884
KENTUCKY	.	.	547	7,142
LOUISIANA	25	3	77	1,712
MAINE	132	52	12	761
MARYLAND	115	1	7	4,118
MASSACHUSETTS	.	.	.	9,803
MICHIGAN	16	1	140	5,917
MINNESOTA	0	7	3	2,710
MISSISSIPPI	141	0	0	2,272
MISSOURI	152	5	.	2,503
MONTANA	13	0	0	580
NEBRASKA	0	5	2	740
NEVADA	44	0	0	1,066
NEW HAMPSHIRE	27	.	54	984
NEW JERSEY	260	11	106	4,396
NEW MEXICO	36	0	15	1,177
NEW YORK	562	7	144	20,592
NORTH CAROLINA	879	0	24	4,952
NORTH DAKOTA	7	0	5	304
OHIO	72	0	67	3,758
OKLAHOMA	68	2	45	2,103
OREGON	51	14	2	1,624
PENNSYLVANIA	262	4	1,003	8,189
PUERTO RICO	6	0	0	2,592
RHODE ISLAND	79	.	103	957
SOUTH CAROLINA	9	0	12	2,194
SOUTH DAKOTA	62	2	43	595
TENNESSEE	157	0	74	3,367
TEXAS	1,236	18	82	12,877
UTAH	21	0	8	1,828
VERMONT	0	0	0	381
VIRGINIA	450	23	19	2,569
WASHINGTON	191	0	17	2,404
WEST VIRGINIA	8	0	0	1,718
WISCONSIN	109	0	15	3,953
WYOMING	30	0	.	401
AMERICAN SAMOA	0	2	0	525
GUAM	7	0	0	231
NORTHERN MARIANAS	0	0	0	36
PALAU	.	.	.	.
VIRGIN ISLANDS	3	1	0	91
U.S. AND OUTLYING AREAS	6,746	233	3,722	173,178
50 STATES, D.C. & P.R.	6,736	230	3,722	172,295

Please see data notes for an explanation of individual State differences.

Data based on the December 1, 1998 count, updated as of September 25, 2000.

Arizona and North Carolina data based on December 1, 1997 count.

During the 1997-98 school year, Developmental Delay Programs were called Early Intervention Classroom/Center.

During the 1997-98 school year, Typically Developing Programs was called Regular Nursery School/Child Care Center.

During the 1997-98 school year, Service Provider Location was called Outpatient Service Facility.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

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Table AH6

**Number of Infants and Toddlers Ages Birth Through 2 Exiting Part C Programs,
During the 1998-99 School Year**

STATE	COMPLETE PRIOR TO MAX AGE	PART B ELIGIBLE	EXIT TO OTHER PROGRAMS	EXIT WITH NO REFERRALS	ELIGIBILITY NOT DETERMINED
ALABAMA	0	677	135	13	0
ALASKA	37	161	0	11	47
ARIZONA	.	.	.	.	.
ARKANSAS	103	558	63	36	23
CALIFORNIA	4,496	8,684	4,447	0	0
COLORADO	40	448	32	17	18
CONNECTICUT	509	1,338	323	255	108
DELAWARE	16	200	128	252	51
DISTRICT OF COLUMBIA	20	33	25	2	1
FLORIDA	2,601	3,494	2,287	40	0
GEORGIA	0	0	0	0	0
HAWAII	230	254	316	119	248
IDAHO	0	0	0	0	0
ILLINOIS	553	310	37	725	13
INDIANA	739	1,044	932	387	22
IOWA	66	354	85	42	2
KANSAS	283	948	73	41	21
KENTUCKY	129	0	0	0	1,318
LOUISIANA	33	288	17	0	35
MAINE	200	0	0	0	33
MARYLAND	566	1,286	130	559	0
MASSACHUSETTS	1,117	3,604	422	370	331
MICHIGAN	170	1,914	60	222	639
MINNESOTA	674	2,286	0	0	21
MISSISSIPPI	501	1,156	369	319	418
MISSOURI	90	439	328	26	50
MONTANA	56	144	34	33	17
NEBRASKA	0	705	0	0	150
NEVADA	54	116	4	382	12
NEW HAMPSHIRE	61	409	1	0	0
NEW JERSEY	407	1,693	293	79	792
NEW MEXICO	27	163	55	22	118
NEW YORK	2,122	8,893	11	197	2,326
NORTH CAROLINA	.	.	.	.	.
NORTH DAKOTA	16	138	12	8	3
OHIO	115	326	106	185	0
OKLAHOMA	144	315	93	77	129
OREGON	32	0	0	3	0
PENNSYLVANIA	817	3,201	10	315	761
PUERTO RICO	189	829	46	6	45
RHODE ISLAND	71	338	101	35	0
SOUTH CAROLINA	349	710	75	84	219
SOUTH DAKOTA	8	177	19	20	10
TENNESSEE	452	1,446	176	139	161
TEXAS	1,638	4,424	543	272	1,754
UTAH	.	.	.	.	.
VERMONT	10	227	18	8	2
VIRGINIA	282	1,028	226	225	0
WASHINGTON	153	1,013	98	58	106
WEST VIRGINIA	87	0	0	0	0
WISCONSIN	229	213	0	0	192
WYOMING	19	183	14	5	0
AMERICAN SAMOA	16	0	10	0	0
GUAM	0	18	4	46	0
NORTHERN MARIANAS	2	17	1	0	2
PALAU	.	.	.	.	.
VIRGIN ISLANDS	0	0	0	0	0
BUR. OF INDIAN AFFAIRS	.	.	.	.	.
U.S. AND OUTLYING AREAS	20,529	56,404	12,149	5,635	10,198
50 STATES, D.C. & P.R.	20,511	56,369	12,134	5,589	10,196

Please see data notes for an explanation of individual State differences.

Data based on the December 1, 1998 count, updated as of September 25, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH6

**Number of Infants and Toddlers Ages Birth Through 2 Exiting Part C Programs,
During the 1998-99 School Year**

STATE	DECEASED	MOVED OUT OF STATE	WITHDRAWAL BY PARENT	UNSUCCESSFUL CONTACT	TOTAL
ALABAMA	29	104	106	214	1,478
ALASKA	1	44	56	0	357
ARIZONA	-	-	-	-	-
ARKANSAS	18	110	176	105	1,192
CALIFORNIA	429	0	0	0	18,056
COLORADO	24	178	186	190	1,133
CONNECTICUT	20	149	286	121	3,109
DELAWARE	2	11	12	2	674
DISTRICT OF COLUMBIA	3	7	6	7	104
FLORIDA	116	0	1,274	1,290	11,102
GEORGIA	0	2	4	5	11
HAWAII	12	130	310	91	1,710
IDAHO	0	0	0	0	0
ILLINOIS	23	95	374	416	2,546
INDIANA	50	255	477	114	4,020
IOWA	15	53	32	9	658
KANSAS	18	199	95	58	1,736
KENTUCKY	26	92	276	134	1,975
LOUISIANA	13	36	48	0	470
MAINE	4	177	276	0	690
MARYLAND	20	161	444	131	3,297
MASSACHUSETTS	185	0	395	366	6,790
MICHIGAN	42	187	121	1,011	4,366
MINNESOTA	17	49	4	0	3,053
MISSISSIPPI	222	274	453	356	4,068
MISSOURI	34	61	145	142	1,315
MONTANA	9	65	56	18	432
NEBRASKA	4	0	8	0	867
NEVADA	14	111	89	74	856
NEW HAMPSHIRE	2	53	34	97	657
NEW JERSEY	46	207	209	179	3,895
NEW MEXICO	7	67	77	17	553
NEW YORK	81	501	646	442	15,219
NORTH CAROLINA	-	-	-	-	-
NORTH DAKOTA	3	35	16	5	236
OHIO	20	116	167	54	1,089
OKLAHOMA	21	196	238	102	1,315
OREGON	6	33	38	65	177
PENNSYLVANIA	56	196	901	137	6,394
PUERTO RICO	31	76	53	112	1,387
RHODE ISLAND	7	43	124	60	779
SOUTH CAROLINA	40	104	243	85	1,909
SOUTH DAKOTA	3	19	25	11	292
TENNESSEE	66	193	651	567	3,851
TEXAS	125	590	2,906	1,185	13,437
UTAH	-	-	-	-	-
VERMONT	4	25	8	19	321
VIRGINIA	20	256	183	165	2,385
WASHINGTON	20	84	151	83	1,766
WEST VIRGINIA	11	31	40	10	179
WISCONSIN	30	211	191	114	1,180
WYOMING	3	34	14	7	279
AMERICAN SAMOA	3	4	3	0	36
GUAM	3	14	23	12	120
NORTHERN MARIANAS	5	2	0	1	30
PALAU	-	-	-	-	-
VIRGIN ISLANDS	0	0	0	0	0
BUR. OF INDIAN AFFAIRS	-	-	-	-	-
U.S. AND OUTLYING AREAS	1,963	5,640	12,650	8,383	133,551
50 STATES, D.C. & P.R.	1,952	5,620	12,624	8,370	133,365

Please see data notes for an explanation of individual State differences.

Data based on the December 1, 1998 count, updated as of September 25, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH7

**Number of Infants and Toddlers Ages Birth Through 2 Served Under IDEA,
Part C by Race/Ethnicity, During the 1999-2000 School Year**

STATE	AMERICAN INDIAN/ ALASKAN	ASIAN/ PACIFIC ISLANDER	BLACK	HISPANIC	WHITE	MISSING
ALABAMA	2	14	1,011	33	765	0
ALASKA	225	35	21	22	254	0
ARIZONA	200	27	121	783	1,150	0
ARKANSAS	5	18	793	38	1,166	0
CALIFORNIA	64	942	1,753	6,874	5,746	5,700
COLORADO	21	59	172	876	1,870	0
CONNECTICUT	13	90	526	523	2,202	0
DELAWARE	2	11	259	77	482	102
DISTRICT OF COLUMBIA	0	1	167	34	10	0
FLORIDA	12	80	3,073	1,703	6,678	0
GEORGIA	4	54	1,415	209	1,962	87
HAWAII	15	2,596	70	69	335	0
IDAHO	23	11	11	161	998	0
ILLINOIS	11	118	1,464	926	4,039	1,546
INDIANA	6	68	981	248	5,924	0
IOWA	8	13	50	52	991	0
KANSAS	20	39	232	247	1,649	0
KENTUCKY	0	0	0	0	0	2,885
LOUISIANA	13	21	858	24	1,049	0
MAINE	5	7	5	3	728	0
MARYLAND	4	94	1,369	173	2,192	453
MASSACHUSETTS	19	249	852	1,410	6,577	1,891
MICHIGAN	76	76	1,269	263	5,161	0
MINNESOTA	55	59	173	116	2,449	0
MISSISSIPPI	4	7	1,249	30	982	0
MISSOURI	4	25	425	41	2,099	72
MONTANA	130	9	7	17	465	0
NEBRASKA	11	10	44	49	838	0
NEVADA	6	46	141	244	630	0
NEW HAMPSHIRE	9	10	10	20	930	0
NEW JERSEY	1	197	978	659	2,908	0
NEW MEXICO	219	9	19	601	413	0
NEW YORK	54	300	1,897	1,777	9,607	9,864
NORTH CAROLINA	78	94	1,560	218	2,381	0
NORTH DAKOTA	47	3	8	6	264	0
OHIO	14	71	1,442	180	5,408	0
OKLAHOMA	195	26	252	115	1,630	0
OREGON	30	40	49	229	1,437	0
PENNSYLVANIA	16	169	1,789	628	5,587	0
PUERTO RICO	0	0	0	2,975	1	0
RHODE ISLAND	9	15	62	198	735	0
SOUTH CAROLINA	2	20	1,091	47	1,244	0
SOUTH DAKOTA	180	2	4	5	420	0
TENNESSEE	4	43	1,020	86	2,604	0
TEXAS	22	274	2,040	6,002	6,023	0
UTAH	199	30	24	163	1,674	3
VERMONT	6	11	8	5	379	0
VIRGINIA	4	63	849	139	1,817	138
WASHINGTON	92	104	124	397	1,894	170
WEST VIRGINIA	1	5	39	1	787	0
WISCONSIN	58	86	965	315	3,205	0
WYOMING	30	4	10	37	320	0
AMERICAN SAMOA	0	31	0	0	0	0
GUAM	0	217	7	16	2	0
NORTHERN MARIANAS	0	39	0	1	0	0
PALAU	0	3	0	0	0	0
VIRGIN ISLANDS	0	0	81	15	5	0
BUR. OF INDIAN AFFAIRS	0	0	0	0	0	0
U.S. AND OUTLYING AREAS	2,228	6,645	32,839	30,080	111,066	22,911
50 STATES, D.C. & P.R.	2,228	6,355	32,751	30,046	111,059	22,911

Data based on the December 1, 1999 count, updated as of September 25, 2000.

Arizona child count data based on the December 1, 1998 count.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH7

Percentage of Infants and Toddlers Ages Birth Through 2 Served Under IDEA,
Part C by Race/Ethnicity, During the 1999-2000 School Year

STATE	AMERICAN INDIAN/ ALASKAN	ASIAN/ PACIFIC ISLANDER	BLACK	HISPANIC	WHITE
ALABAMA	0.11	0.77	55.40	1.81	41.92
ALASKA	40.39	6.28	3.77	3.95	45.60
ARIZONA	8.77	1.18	5.30	34.33	50.42
ARKANSAS	0.25	0.89	39.26	1.88	57.72
CALIFORNIA	0.42	6.13	11.40	44.70	37.36
COLORADO	0.70	1.97	5.74	29.22	62.37
CONNECTICUT	0.39	2.68	15.68	15.59	65.65
DELAWARE	0.24	1.32	31.17	9.27	58.00
DISTRICT OF COLUMBIA	0.00	0.47	78.77	16.04	4.72
FLORIDA	0.10	0.69	26.62	14.75	57.84
GEORGIA	0.11	1.48	38.83	5.74	53.84
HAWAII	0.49	84.15	2.27	2.24	10.86
IDAHO	1.91	0.91	0.91	13.37	32.89
ILLINOIS	0.17	1.80	22.32	14.12	61.59
INDIANA	0.08	0.94	13.57	3.43	81.97
IOWA	0.72	1.17	4.49	4.67	88.96
KANSAS	0.91	1.78	10.61	11.29	75.40
KENTUCKY	0.00	0.00	0.00	0.00	0.00
LOUISIANA	0.66	1.07	43.66	1.22	53.38
MAINE	0.67	0.94	0.67	0.40	97.33
MARYLAND	0.10	2.45	35.73	4.51	57.20
MASSACHUSETTS	0.21	2.73	9.36	15.48	72.22
MICHIGAN	1.11	1.11	18.54	3.84	75.40
MINNESOTA	1.93	2.07	6.07	4.07	85.87
MISSISSIPPI	0.18	0.31	54.97	1.32	43.22
MISSOURI	0.15	0.96	16.38	1.58	80.92
MONTANA	20.70	1.43	1.11	2.71	74.04
NEBRASKA	1.16	1.05	4.62	5.15	88.03
NEVADA	0.56	4.31	13.21	22.87	59.04
NEW HAMPSHIRE	0.92	1.02	1.02	2.04	94.99
NEW JERSEY	0.02	4.15	20.62	13.89	61.31
NEW MEXICO	17.37	0.71	1.51	47.66	32.75
NEW YORK	0.40	2.20	13.91	13.03	70.46
NORTH CAROLINA	1.80	2.17	36.02	5.03	54.98
NORTH DAKOTA	14.33	0.91	2.44	1.83	80.49
OHIO	0.20	1.00	20.27	2.53	76.01
OKLAHOMA	8.79	1.17	11.36	5.18	73.49
OREGON	1.68	2.24	2.75	12.83	80.50
PENNSYLVANIA	0.20	2.06	21.85	7.67	68.23
PUERTO RICO	0.00	0.00	0.00	99.97	0.03
RHODE ISLAND	0.88	1.47	6.08	19.43	72.13
SOUTH CAROLINA	0.08	0.83	45.38	1.96	51.75
SOUTH DAKOTA	29.46	0.33	0.65	0.82	68.74
TENNESSEE	0.11	1.14	27.15	2.29	69.31
TEXAS	0.15	1.91	14.21	41.79	41.94
UTAH	9.52	1.44	1.15	7.80	80.10
VERMONT	1.47	2.69	1.96	1.22	92.67
VIRGINIA	0.14	2.19	29.56	4.84	63.27
WASHINGTON	3.52	3.98	4.75	15.20	72.54
WEST VIRGINIA	0.12	0.60	4.62	0.12	94.48
WISCONSIN	1.25	1.86	20.85	6.80	69.24
WYOMING	7.48	1.00	2.49	9.23	79.80
AMERICAN SAMOA	0.00	100.00	0.00	0.00	0.00
GUAM	0.00	89.67	2.89	6.61	0.83
NORTHERN MARIANAS	0.00	97.50	0.00	2.50	0.00
PALAU	0.00	100.00	0.00	0.00	0.00
VIRGIN ISLANDS	0.00	0.00	80.20	14.85	4.95
BUR. OF INDIAN AFFAIRS	0.00	0.00	0.00	0.00	0.00
U.S. AND OUTLYING AREAS	1.22	3.63	17.96	16.45	60.74
50 STATES, D.C. & P.R.	1.22	3.48	17.95	16.47	60.87

Percentages are based on the number of infants and toddlers for whom race/ethnicity data were known.

Data based on the December 1, 1999 count, updated as of September 25, 2000.

Arizona child count data based on the December 1, 1998 count.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH8

**Number of Infants and Toddlers Ages Birth Through 2 Served Under IDEA,
Part C by Race/Ethnicity: At Risk, December 1, 1999**

STATE	AMERICAN INDIAN/ ALASKAN	ASIAN/ PACIFIC ISLANDER	BLACK	HISPANIC	WHITE	MISSING
CALIFORNIA	34	628	1,246	4,643	3,633	5,111
HAWAII	8	1,479	20	27	87	0
INDIANA	0	0	102	8	376	0
MASSACHUSETTS	6	6	60	100	223	87
NEVADA	0	1	9	1	16	0
NEW HAMPSHIRE	0	0	1	1	18	0
NEW MEXICO	80	1	13	220	152	0
NORTH CAROLINA	15	10	150	36	329	0
WEST VIRGINIA	1	2	12	1	114	0
GUAM	0	13	0	0	0	0
U.S. AND OUTLYING AREAS	144	2,140	1,613	5,037	4,948	5,198

Data based on the December 1, 1999 count, updated as of September 25, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

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Table AH8

Percentage of Infants and Toddlers Ages Birth Through 2 Served Under IDEA,
Part C by Race/Ethnicity: At Risk, December 1, 1999

STATE	AMERICAN INDIAN/ ALASKAN	ASIAN/ PACIFIC ISLANDER	BLACK	HISPANIC	WHITE
CALIFORNIA	0.33	6.17	12.23	45.59	35.67
HAWAII	0.49	91.24	1.23	1.67	5.37
INDIANA	0.00	0.00	20.99	1.65	77.37
MASSACHUSETTS	1.52	1.52	15.19	25.32	56.46
NEVADA	0.00	3.70	33.33	3.70	59.26
NEW HAMPSHIRE	0.00	0.00	5.00	5.00	90.00
NEW MEXICO	17.17	0.21	2.79	47.21	32.62
NORTH CAROLINA	2.78	1.85	27.78	6.67	60.93
WEST VIRGINIA	0.77	1.54	9.23	0.77	87.69
GUAM	0.00	100.00	0.00	0.00	0.00
U.S. AND OUTLYING AREAS	1.04	15.42	11.62	36.28	35.64

Percentages are based on the number of infants and toddlers for whom race/ethnicity data were known.

Data based on the December 1, 1999 count, updated as of September 25, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

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Table AH9

Percentage of Students Ages Birth Through 2 Served Under IDEA, Part C by
Race/Ethnicity, Based on Estimated Population, During the 1999-2000 School Year

STATE	AMERICAN INDIAN/ ALASKAN	ASIAN/ PACIFIC ISLANDER	BLACK	HISPANIC	WHITE
ALABAMA	0.55	0.92	1.87	0.82	0.65
ALASKA	3.13	2.65	1.82	0.87	1.43
ARIZONA	1.47	0.59	2.00	0.86	0.97
ARKANSAS	0.66	1.57	3.71	0.84	1.47
CALIFORNIA	1.18	0.60	2.09	0.89	1.07
COLORADO	1.88	1.13	2.71	1.86	1.60
CONNECTICUT	5.00	1.92	4.03	2.26	2.44
DELAWARE	6.06	1.40	3.77	3.26	2.34
DISTRICT OF COLUMBIA	0.00	0.30	1.47	1.48	0.38
FLORIDA	0.73	0.64	2.66	1.49	2.01
GEORGIA	0.75	0.61	1.27	0.93	0.92
HAWAII	5.86	8.46	5.99	0.33	3.40
IDAHO	3.67	1.50	5.70	2.03	2.14
ILLINOIS	2.18	0.59	1.59	0.89	1.28
INDIANA	1.85	2.11	4.13	2.00	2.83
IOWA	1.63	0.53	1.73	0.90	1.01
KANSAS	2.62	1.45	3.23	1.91	1.86
KENTUCKY	.	.	.	.	.
LOUISIANA	1.66	0.74	1.15	0.31	0.99
MAINE	1.67	1.24	2.67	0.33	1.90
MARYLAND	0.70	0.95	2.02	1.06	1.86
MASSACHUSETTS	3.23	1.41	3.60	3.65	4.03
MICHIGAN	3.80	0.81	2.00	1.02	1.76
MINNESOTA	1.75	0.64	1.92	0.94	1.51
MISSISSIPPI	0.68	0.64	2.34	1.40	1.50
MISSOURI	0.63	0.73	1.42	0.50	1.19
MONTANA	3.52	3.01	9.33	1.15	1.79
NEBRASKA	1.06	0.70	1.34	0.80	1.46
NEVADA	0.55	1.03	2.41	0.97	1.22
NEW HAMPSHIRE	10.59	1.50	3.94	1.27	2.25
NEW JERSEY	0.27	0.77	1.88	0.95	1.55
NEW MEXICO	2.51	0.89	1.85	1.36	1.68
NEW YORK	3.47	0.62	1.71	0.94	2.43
NORTH CAROLINA	1.58	1.41	2.03	1.16	1.09
NORTH DAKOTA	2.08	0.93	3.11	0.76	1.34
OHIO	1.75	1.00	2.34	32.13	0.05
OKLAHOMA	1.46	1.06	1.98	0.92	1.59
OREGON	1.71	0.66	2.11	1.16	1.37
PENNSYLVANIA	2.57	1.64	3.49	2.27	1.66
PUERTO RICO	.	.	.	.	.
RHODE ISLAND	2.88	1.16	3.27	3.48	2.61
SOUTH CAROLINA	0.61	1.12	2.14	0.98	1.29
SOUTH DAKOTA	3.96	0.60	1.69	0.57	1.77
TENNESSEE	1.19	1.34	2.25	1.37	1.55
TEXAS	1.36	1.02	2.00	1.32	1.43
UTAH	12.03	0.74	3.64	1.07	1.53
VERMONT	75.00	4.89	16.00	1.52	2.05
VIRGINIA	0.72	0.49	1.44	0.60	1.00
WASHINGTON	2.08	0.60	1.46	1.06	1.09
WEST VIRGINIA	5.56	2.13	3.43	0.15	1.37
WISCONSIN	2.78	1.58	6.30	2.29	1.97
WYOMING	5.02	3.08	6.49	1.75	2.12
AMERICAN SAMOA	.	.	.	.	.
GUAM	.	.	.	.	.
NORTHERN MARIANAS	.	.	.	.	.
PALAU	.	.	.	.	.
VIRGIN ISLANDS	.	.	.	.	.
BUR. OF INDIAN AFFAIRS	.	.	.	.	.
50 STATES & D.C.	2.24	1.26	2.10	1.37	1.50

Please see data notes for an explanation of individual State differences.

The sum of the percentages of individual disabilities may not equal the percentage of all disabilities because of rounding.

Resident population data are provided from the Population Estimates Program, Population Division, U.S. Census Bureau for July 1999.

Data based on the December 1, 1999 count, updated as of September 25, 2000.

Arizona data based on December 1, 1998 count.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH10

**Number of Infants and Toddlers Birth Through Age 2 by Early Intervention Services Provided,
by Race/Ethnicity, During the 1998-99 School Year**

AMERICAN INDIAN/ALASKA NATIVE

STATE	ASSISTIVE TECHNOLOGY	AUDIOLOGY	FAMILY TRAINING	HEALTH SERVICES	MEDICAL SERVICES	NURSING SERVICES
ALABAMA	0	0	3	2	1	0
ALASKA	0	28	4	42	54	19
ARIZONA	.	.	.	.	.	.
ARKANSAS	0	0	0	0	0	0
CALIFORNIA	0	3	0	4	0	0
COLORADO	0	0	5	3	5	0
CONNECTICUT	0	0	0	0	0	0
DELAWARE	0	0	0	0	0	0
DISTRICT OF COLUMBIA	0	0	0	0	0	0
FLORIDA	2	2	9	2	8	47
GEORGIA	0	0	0	0	0	0
HAWAII	0	2	4	0	2	2
IDAHO	.	.	.	.	.	.
ILLINOIS	0	0	1	0	0	0
INDIANA	0	0	0	0	0	0
IOWA	0	0	0	0	0	0
KANSAS	4	1	11	1	0	1
KENTUCKY	0	0	2	0	0	0
LOUISIANA	1	3	3	1	2	1
MAINE	.	.	.	.	.	.
MARYLAND	0	0	0	0	0	0
MASSACHUSETTS	.	1	20	20	.	2
MICHIGAN	1	4	27	25	12	21
MINNESOTA	.	.	.	.	.	.
MISSISSIPPI	0	0	0	0	0	0
MISSOURI	0	0	1	0	0	0
MONTANA	15	18	122	19	35	6
NEBRASKA	0	0	0	3	0	2
NEVADA	3	6	14	0	3	0
NEW HAMPSHIRE	.	.	2	.	.	.
NEW JERSEY	0	0	0	0	0	0
NEW MEXICO	0	21	22	20	11	7
NEW YORK	1	1	2	0	0	0
NORTH CAROLINA	.	.	.	.	.	.
NORTH DAKOTA	9	7	29	1	4	5
OHIO	1	1	0	0	1	1
OKLAHOMA	0	0	0	0	0	5
OREGON	0	4	17	5	6	1
PENNSYLVANIA	0	0	1	0	0	0
PUERTO RICO	0	0	0	0	0	0
RHODE ISLAND	0	0	2	0	0	0
SOUTH CAROLINA	0	1	0	0	0	0
SOUTH DAKOTA	1	7	12	0	1	1
TENNESSEE	0	0	4	1	3	0
TEXAS	3	1	4	0	0	1
UTAH	2	23	60	0	0	21
VERMONT	0	0	1	0	1	1
VIRGINIA	0	0	0	0	1	1
WASHINGTON	5	8	43	17	15	17
WEST VIRGINIA	0	1	0	0	0	0
WISCONSIN	1	1	6	0	0	5
WYOMING	3	1	7	6	1	3
AMERICAN SAMOA	0	0	0	0	0	0
GUAM	0	0	0	0	0	0
NORTHERN MARIANAS	0	0	0	0	0	0
PALAU	.	.	.	.	.	.
VIRGIN ISLANDS	0	0	0	0	0	0
BUR. OF INDIAN AFFAIRS	.	.	.	.	.	.
U.S. AND OUTLYING AREAS	52	145	438	172	166	170
50 STATES, D.C. & P.R.	52	145	438	172	166	170

Please see data notes for an explanation of individual State differences.

Data based on the December 1, 1998 count, updated as of September 25, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH10

**Number of Infants and Toddlers Birth Through Age 2 by Early Intervention Services Provided,
by Race/Ethnicity, During the 1998-99 School Year**

AMERICAN INDIAN/ALASKA NATIVE

STATE	NUTRITION SERVICES	OCCUPATIONAL THERAPY	PHYSICAL THERAPY	PSYCHOLOGICAL SERVICES	RESPIRE CARE	SOCIAL WORK SERVICES
ALABAMA	0	5	3	0	0	0
ALASKA	26	31	52	1	13	11
ARIZONA	.	.	.	.	.	.
ARKANSAS	0	0	0	0	0	0
CALIFORNIA	0	1	2	0	3	0
COLORADO	0	3	2	0	1	1
CONNECTICUT	0	3	2	0	0	0
DELAWARE	0	1	1	0	0	0
DISTRICT OF COLUMBIA	0	0	0	0	0	0
FLORIDA	0	5	5	4	0	30
GEORGIA	0	0	0	0	0	0
HAWAII	0	3	3	0	2	3
IDAHO	.	.	.	.	.	.
ILLINOIS	1	2	2	0	0	0
INDIANA	0	1	1	0	0	0
IOWA	0	0	0	0	0	1
KANSAS	5	7	8	0	0	5
KENTUCKY	0	1	1	0	0	0
LOUISIANA	3	6	3	0	0	0
MAINE	.	.	.	.	.	.
MARYLAND	0	2	2	0	0	0
MASSACHUSETTS	0	2	2	1	.	3
MICHIGAN	14	14	11	6	5	25
MINNESOTA	.	.	.	.	.	.
MISSISSIPPI	0	1	0	0	0	0
MISSOURI	1	2	2	0	0	0
MONTANA	31	34	33	3	71	25
NEBRASKA	5	9	9	2	2	0
NEVADA	2	4	7	4	1	6
NEW HAMPSHIRE	.	2	1	.	.	.
NEW JERSEY	3	2	2	0	0	1
NEW MEXICO	19	59	68	3	4	1
NEW YORK	0	0	4	13	0	1
NORTH CAROLINA	.	.	.	.	.	.
NORTH DAKOTA	11	14	13	3	5	12
OHIO	0	3	3	0	2	0
OKLAHOMA	0	17	28	1	0	0
OREGON	1	14	10	0	0	7
PENNSYLVANIA	0	5	5	0	0	0
PUERTO RICO	0	0	0	0	0	0
RHODE ISLAND	1	0	3	0	.	0
SOUTH CAROLINA	1	1	1	0	0	0
SOUTH DAKOTA	7	43	52	0	.	0
TENNESSEE	3	1	1	0	0	2
TEXAS	0	6	5	0	0	1
UTAH	0	18	10	1	0	3
VERMONT	1	5	2	0	0	0
VIRGINIA	0	1	2	0	0	1
WASHINGTON	7	37	20	3	4	28
WEST VIRGINIA	1	0	1	0	0	0
WISCONSIN	1	25	16	0	.	3
WYOMING	4	17	12	4	1	0
AMERICAN SAMOA	0	0	0	0	0	0
GUAM	0	0	0	0	0	0
NORTHERN MARIANAS	0	0	0	0	0	0
PALAU	.	.	.	.	.	.
VIRGIN ISLANDS	0	0	0	0	0	0
BUR. OF INDIAN AFFAIRS	.	.	.	.	.	.
U.S. AND OUTLYING AREAS	148	407	410	49	114	170
50 STATES, D.C. & P.R.	148	407	410	49	114	170

Please see data notes for an explanation of individual State differences.

Data based on the December 1, 1998 count, updated as of September 25, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH10

**Number of Infants and Toddlers Birth Through Age 2 by Early Intervention Services Provided,
by Race/Ethnicity, During the 1998-99 School Year**

STATE	AMERICAN INDIAN/ALASKA NATIVE				
	SPECIAL INSTRUCTION	SPEECH LANGUAGE	TRANSPORTATION	VISION SERVICES	OTHER
ALABAMA	4	7	0	0	7
ALASKA	151	72	1	9	0
ARIZONA	.	.	.	.	.
ARKANSAS	0	0	0	0	0
CALIFORNIA	20	8	1	3	2
COLORADO	7	1	2	3	1
CONNECTICUT	6	3	0	0	0
DELAWARE	2	1	0	0	2
DISTRICT OF COLUMBIA	0	0	0	0	.
FLORIDA	0	8	3	2	16
GEORGIA	0	0	0	0	0
HAWAII	2	5	1	1	0
IDAHO	.	.	.	.	.
ILLINOIS	2	2	0	0	0
INDIANA	3	2	1	0	0
IOWA	6	0	0	0	0
KANSAS	9	9	3	4	1
KENTUCKY	3	2	0	0	1
LOUISIANA	13	3	0	1	7
MAINE	.	.	.	.	.
MARYLAND	3	3	0	1	0
MASSACHUSETTS	5	3	5	1	.
MICHIGAN	15	15	11	2	29
MINNESOTA	.	.	.	.	.
MISSISSIPPI	2	1	0	0	0
MISSOURI	2	2	0	0	0
MONTANA	35	30	14	6	122
NEBRASKA	0	15	2	1	1
NEVADA	14	7	0	1	14
NEW HAMPSHIRE	2	1	.	.	3
NEW JERSEY	4	2	0	0	0
NEW MEXICO	129	101	14	14	168
NEW YORK	0	13	16	8	0
NORTH CAROLINA	.	.	.	.	.
NORTH DAKOTA	21	9	6	6	2
OHIO	3	4	3	0	23
OKLAHOMA	70	45	0	0	5
OREGON	8	23	16	2	6
PENNSYLVANIA	9	6	0	2	0
PUERTO RICO	0	0	0	0	0
RHODE ISLAND	0	2	0	1	0
SOUTH CAROLINA	2	0	0	1	1
SOUTH DAKOTA	146	112	99	3	.
TENNESSEE	5	1	0	1	1
TEXAS	13	7	0	0	0
UTAH	50	26	26	10	0
VERMONT	3	2	1	0	0
VIRGINIA	2	2	0	0	0
WASHINGTON	60	50	21	3	8
WEST VIRGINIA	2	1	0	0	0
WISCONSIN	31	30	15	2	1
WYOMING	12	14	9	2	0
AMERICAN SAMOA	0	0	0	0	0
GUAM	1	0	0	0	0
NORTHERN MARIANAS	0	0	0	0	0
PALAU	.	.	.	.	.
VIRGIN ISLANDS	0	0	0	0	0
BUR. OF INDIAN AFFAIRS	.	.	.	.	.
U.S. AND OUTLYING AREAS	877	650	272	90	421
50 STATES, D.C. & P.R.	876	650	272	90	421

Please see data notes for an explanation of individual State differences.

Data based on the December 1, 1998 count, updated as of September 25, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH10

**Number of Infants and Toddlers Birth Through Age 2 by Early Intervention Services Provided,
by Race/Ethnicity, During the 1998-99 School Year**

STATE	ASIAN/PACIFIC ISLANDER					
	ASSISTIVE TECHNOLOGY	AUDIOLOGY	FAMILY TRAINING	HEALTH SERVICES	MEDICAL SERVICES	NURSING SERVICES
ALABAMA	0	0	2	0	0	1
ALASKA	0	18	0	3	9	2
ARIZONA	.	.	.	.	.	.
ARKANSAS	0	0	5	0	0	1
CALIFORNIA	3	15	11	96	0	20
COLORADO	7	6	16	9	13	3
CONNECTICUT	0	0	0	0	0	0
DELAWARE	0	1	1	0	0	0
DISTRICT OF COLUMBIA	0	1	1	0	1	1
FLORIDA	10	9	51	8	42	26
GEORGIA	0	0	0	0	0	0
HAWAII	82	126	1,545	77	114	677
IDAHO	.	.	.	.	.	.
ILLINOIS	0	0	0	0	1	0
INDIANA	5	6	0	0	1	2
IOWA	0	1	0	0	0	0
KANSAS	5	9	8	0	2	1
KENTUCKY	2	3	14	0	0	1
LOUISIANA	0	3	1	2	6	1
MAINE	.	.	.	.	.	.
MARYLAND	0	13	12	0	0	3
MASSACHUSETTS	.	8	255	255	.	21
MICHIGAN	0	3	22	22	5	22
MINNESOTA	.	.	.	.	.	.
MISSISSIPPI	0	1	1	0	0	0
MISSOURI	1	2	5	0	0	1
MONTANA	1	4	8	1	2	0
NEBRASKA	0	0	1	2	0	0
NEVADA	6	2	42	4	9	0
NEW HAMPSHIRE	.	.	3	.	.	.
NEW JERSEY	1	8	7	0	5	2
NEW MEXICO	0	0	1	0	0	0
NEW YORK	7	15	24	0	0	0
NORTH CAROLINA	.	.	.	.	.	.
NORTH DAKOTA	0	0	2	1	1	0
OHIO	2	2	3	5	6	4
OKLAHOMA	0	0	0	0	0	1
OREGON	0	1	5	0	1	0
PENNSYLVANIA	0	11	1	0	0	7
PUERTO RICO	0	0	0	0	1	1
RHODE ISLAND	0	0	2	0	0	0
SOUTH CAROLINA	0	0	0	0	2	0
SOUTH DAKOTA	0	0	1	0	0	0
TENNESSEE	3	4	27	3	6	5
TEXAS	20	13	39	5	3	4
UTAH	2	11	24	0	0	4
VERMONT	0	0	0	0	1	0
VIRGINIA	2	1	5	0	2	1
WASHINGTON	6	10	21	7	8	6
WEST VIRGINIA	1	0	0	0	0	0
WISCONSIN	1	1	11	0	1	7
WYOMING	0	1	2	2	1	0
AMERICAN SAMOA	0	1	0	0	0	2
GUAM	2	104	180	0	0	12
NORTHERN MARIANAS	0	23	7	0	5	0
PALAU	.	.	.	.	.	.
VIRGIN ISLANDS	0	0	0	0	0	0
BUR. OF INDIAN AFFAIRS	.	.	.	.	.	.
U.S. AND OUTLYING AREAS	169	439	2,366	502	246	839
50 STATES, D.C. & P.R.	167	311	2,179	502	243	825

Please see data notes for an explanation of individual State differences.

Data based on the December 1, 1998 count, updated as of September 25, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH10

**Number of Infants and Toddlers Birth Through Age 2 by Early Intervention Services Provided,
by Race/Ethnicity, During the 1998-99 School Year**

ASIAN/PACIFIC ISLANDER

STATE	NUTRITION SERVICES	OCCUPATIONAL THERAPY	PHYSICAL THERAPY	PSYCHOLOGICAL SERVICES	RESPIRE CARE	SOCIAL WORK SERVICES
ALABAMA	0	3	4	1	0	1
ALASKA	5	12	4	0	1	2
ARIZONA	.	.	.	.	.	.
ARKANSAS	1	3	3	0	0	1
CALIFORNIA	5	95	43	26	62	11
COLORADO	6	20	21	0	7	0
CONNECTICUT	0	22	29	0	0	3
DELAWARE	0	1	2	0	0	0
DISTRICT OF COLUMBIA	1	1	1	0	0	1
FLORIDA	0	26	28	15	0	169
GEORGIA	0	0	0	0	0	0
HAWAII	237	462	431	85	201	627
IDAHO	.	.	.	.	.	.
ILLINOIS	2	2	3	0	2	0
INDIANA	3	20	27	0	0	0
IOWA	0	5	4	1	0	1
KANSAS	3	18	12	1	3	5
KENTUCKY	1	10	11	0	2	0
LOUISIANA	0	5	6	0	0	1
MAINE	.	.	.	.	.	.
MARYLAND	0	32	51	2	1	1
MASSACHUSETTS	5	26	24	16	.	32
MICHIGAN	7	30	30	6	4	27
MINNESOTA	.	.	.	.	.	.
MISSISSIPPI	0	1	0	0	1	0
MISSOURI	1	7	10	0	0	0
MONTANA	2	1	1	0	2	1
NEBRASKA	2	5	5	0	1	0
NEVADA	10	9	20	4	0	6
NEW HAMPSHIRE	.	5	4	.	.	.
NEW JERSEY	4	17	34	0	2	7
NEW MEXICO	2	1	4	0	0	0
NEW YORK	5	69	93	0	8	13
NORTH CAROLINA	.	.	.	.	.	.
NORTH DAKOTA	0	3	2	3	0	0
OHIO	4	12	12	1	4	5
OKLAHOMA	0	5	7	0	0	0
OREGON	0	14	18	1	0	0
PENNSYLVANIA	0	75	72	5	0	8
PUERTO RICO	0	1	1	0	0	1
RHODE ISLAND	3	0	6	0	.	0
SOUTH CAROLINA	3	2	2	0	0	0
SOUTH DAKOTA	0	1	1	0	.	0
TENNESSEE	3	8	11	0	0	9
TEXAS	30	81	61	6	1	11
UTAH	0	17	15	0	0	3
VERMONT	2	2	3	0	2	0
VIRGINIA	1	15	25	0	5	2
WASHINGTON	7	33	35	1	7	9
WEST VIRGINIA	2	1	3	0	0	0
WISCONSIN	0	29	31	2	.	14
WYOMING	1	1	0	0	0	1
AMERICAN SAMOA	0	9	3	0	1	0
GUAM	7	23	55	62	0	27
NORTHERN MARIANAS	0	12	28	0	0	14
PALAU	.	.	.	.	.	.
VIRGIN ISLANDS	0	0	0	0	0	0
BUR. OF INDIAN AFFAIRS	.	.	.	.	.	.
U.S. AND OUTLYING AREAS	365	1,252	1,296	238	317	1,013
50 STATES, D.C. & P.R.	358	1,208	1,210	176	316	972

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Data based on the December 1, 1998 count, updated as of September 25, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH10

**Number of Infants and Toddlers Birth Through Age 2 by Early Intervention Services Provided,
by Race/Ethnicity, During the 1998-99 School Year**

ASIAN/PACIFIC ISLANDER

STATE	SPECIAL INSTRUCTION	SPEECH LANGUAGE	TRANSPORTATION	VISION SERVICES	OTHER
ALABAMA	2	2	1	0	3
ALASKA	32	7	0	3	0
ARIZONA	.	.	.	.	.
ARKANSAS	5	5	2	0	3
CALIFORNIA	415	112	24	20	55
COLORADO	32	17	1	5	16
CONNECTICUT	39	27	0	0	6
DELAWARE	1	2	0	0	6
DISTRICT OF COLUMBIA	0	1	0	1	.
FLORIDA	0	42	19	10	87
GEORGIA	0	0	0	0	0
HAWAII	416	543	390	109	23
IDAHO	.	.	.	.	.
ILLINOIS	7	2	0	0	0
INDIANA	34	39	1	2	0
IOWA	8	2	0	0	0
KANSAS	22	22	2	8	0
KENTUCKY	30	17	1	1	11
LOUISIANA	13	4	0	2	9
MAINE	.	.	.	.	.
MARYLAND	52	65	8	4	1
MASSACHUSETTS	59	38	66	15	.
MICHIGAN	29	31	13	3	19
MINNESOTA	.	.	.	.	.
MISSISSIPPI	2	1	0	0	0
MISSOURI	7	14	3	0	2
MONTANA	0	3	0	0	8
NEBRASKA	0	8	2	0	0
NEVADA	44	12	0	1	44
NEW HAMPSHIRE	4	7	.	.	8
NEW JERSEY	114	55	1	11	10
NEW MEXICO	6	5	0	0	3
NEW YORK	96	145	29	2	0
NORTH CAROLINA	.	.	.	.	.
NORTH DAKOTA	2	2	0	1	0
OHIO	9	14	2	0	73
OKLAHOMA	4	9	0	0	0
OREGON	8	19	0	1	1
PENNSYLVANIA	83	85	0	12	0
PUERTO RICO	0	1	0	0	0
RHODE ISLAND	4	4	1	0	6
SOUTH CAROLINA	4	3	0	1	1
SOUTH DAKOTA	0	2	0	0	.
TENNESSEE	26	17	9	2	9
TEXAS	157	101	2	17	0
UTAH	17	25	7	7	0
VERMONT	7	2	0	0	0
VIRGINIA	25	20	4	2	2
WASHINGTON	77	56	26	8	4
WEST VIRGINIA	5	3	2	1	0
WISCONSIN	46	57	18	1	2
WYOMING	1	4	2	1	3
AMERICAN SAMOA	0	0	0	0	0
GUAM	67	56	29	0	5
NORTHERN MARIANAS	31	18	4	2	10
PALAU	.	.	.	.	.
VIRGIN ISLANDS	0	0	0	0	0
BUR. OF INDIAN AFFAIRS	.	.	.	.	.
U.S. AND OUTLYING AREAS	2,042	1,726	669	253	435
50 STATES, D.C. & P.R.	1,944	1,652	636	251	420

Please see data notes for an explanation of individual State differences.

Data based on the December 1, 1998 count, updated as of September 25, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH10

**Number of Infants and Toddlers Birth Through Age 2 by Early Intervention Services Provided,
by Race/Ethnicity, During the 1998-99 School Year**

STATE	BLACK					
	ASSISTIVE TECHNOLOGY	AUDIOLOGY	FAMILY TRAINING	HEALTH SERVICES	MEDICAL SERVICES	NURSING SERVICES
ALABAMA	9	53	352	11	24	68
ALASKA	0	3	3	1	4	3
ARIZONA	.	.	.	.	.	.
ARKANSAS	17	77	574	12	51	51
CALIFORNIA	4	43	4	113	0	11
COLORADO	7	7	68	43	38	15
CONNECTICUT	0	4	15	0	0	3
DELAWARE	4	3	13	16	60	29
DISTRICT OF COLUMBIA	2	10	150	63	31	111
FLORIDA	426	399	2,218	23	1,847	1,110
GEORGIA	0	0	0	0	0	0
HAWAII	0	1	40	1	6	26
IDAH0	.	.	.	.	.	.
ILLINOIS	20	10	124	0	11	2
INDIANA	61	70	0	3	4	16
IOWA	4	6	5	2	2	3
KANSAS	37	28	83	30	12	41
KENTUCKY	21	28	124	0	3	5
LOUISIANA	20	166	42	94	189	46
MAINE	.	.	.	.	.	.
MARYLAND	5	148	22	36	11	113
MASSACHUSETTS	.	22	735	735	.	60
MICHIGAN	25	30	322	528	128	341
MINNESOTA	.	.	.	.	.	.
MISSISSIPPI	34	145	161	0	29	0
MISSOURI	20	10	124	0	11	2
MONTANA	0	2	5	1	1	0
NEBRASKA	0	0	3	12	0	15
NEVADA	15	5	79	3	5	0
NEW HAMPSHIRE	.	.	2	.	.	.
NEW JERSEY	9	37	36	0	12	6
NEW MEXICO	0	1	8	1	1	0
NEW YORK	39	85	275	0	0	6
NORTH CAROLINA	.	.	.	.	.	.
NORTH DAKOTA	1	3	6	1	2	2
OHIO	11	73	114	215	158	152
OKLAHOMA	1	0	3	0	0	6
OREGON	1	0	3	0	0	2
PENNSYLVANIA	3	65	44	0	1	53
PUERTO RICO	0	0	0	0	0	0
RHODE ISLAND	0	10	10	0	1	0
SOUTH CAROLINA	16	88	21	23	71	38
SOUTH DAKOTA	0	1	3	0	0	0
TENNESSEE	54	202	507	175	185	282
TEXAS	146	112	400	13	20	33
UTAH	7	3	18	0	0	7
VERMONT	1	0	1	0	1	0
VIRGINIA	20	20	62	6	28	16
WASHINGTON	23	8	44	11	9	7
WEST VIRGINIA	11	5	2	0	1	3
WISCONSIN	2	2	28	2	9	142
WYOMING	2	1	3	2	0	0
AMERICAN SAMOA	0	0	0	0	0	0
GUAM	0	1	3	0	0	0
NORTHERN MARIANAS	0	0	0	0	0	0
PALAU	.	.	.	.	.	.
VIRGIN ISLANDS	1	2	20	3	41	3
BUR. OF INDIAN AFFAIRS	.	.	.	.	.	.
U.S. AND OUTLYING AREAS	1,079	1,989	6,879	2,179	3,007	2,829
50 STATES, D.C. & P.R.	1,078	1,986	6,856	2,176	2,966	2,826

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Data based on the December 1, 1998 count, updated as of September 25, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH10

**Number of Infants and Toddlers Birth Through Age 2 by Early Intervention Services Provided,
by Race/Ethnicity, During the 1998-99 School Year**

BLACK

STATE	NUTRITION SERVICES	OCCUPATIONAL THERAPY	PHYSICAL THERAPY	PSYCHOLOGICAL SERVICES	RESPIRE CARE	SOCIAL WORK SERVICES
ALABAMA	16	347	408	62	0	54
ALASKA	3	7	6	0	0	1
ARIZONA	.	.	.	.	.	.
ARKANSAS	39	285	281	57	0	95
CALIFORNIA	1	60	57	17	83	8
COLORADO	15	44	44	3	32	16
CONNECTICUT	0	78	112	1	0	25
DELAWARE	52	72	73	8	0	32
DISTRICT OF COLUMBIA	62	113	110	69	3	146
FLORIDA	0	1,122	1,191	645	0	7,177
GEORGIA	0	2	1	0	0	0
HAWAII	7	25	20	1	4	23
IDAHO	.	.	.	.	.	.
ILLINOIS	15	160	209	2	0	9
INDIANA	10	373	399	10	0	11
IOWA	1	8	15	1	1	5
KANSAS	26	74	73	27	16	65
KENTUCKY	5	93	103	3	21	2
LOUISIANA	74	219	232	2	1	23
MAINE	.	.	.	.	.	.
MARYLAND	8	335	543	13	1	22
MASSACHUSETTS	15	75	68	46	.	93
MICHIGAN	182	296	260	107	53	392
MINNESOTA	.	.	.	.	.	.
MISSISSIPPI	16	34	31	5	88	43
MISSOURI	15	160	209	2	0	9
MONTANA	2	2	2	0	3	3
NEBRASKA	11	56	39	6	7	0
NEVADA	7	13	32	6	0	3
NEW HAMPSHIRE	.	5	2	.	.	.
NEW JERSEY	13	175	280	2	2	96
NEW MEXICO	2	6	10	0	2	0
NEW YORK	10	532	611	26	99	131
NORTH CAROLINA	.	.	.	.	.	.
NORTH DAKOTA	4	4	0	1	3	0
OHIO	186	292	244	17	62	261
OKLAHOMA	0	48	38	0	0	0
OREGON	1	8	14	0	0	0
PENNSYLVANIA	23	643	668	35	0	86
PUERTO RICO	0	0	0	0	0	0
RHODE ISLAND	14	16	22	0	.	1
SOUTH CAROLINA	403	254	312	31	2	23
SOUTH DAKOTA	0	4	7	0	.	0
TENNESSEE	211	244	267	26	7	347
TEXAS	154	604	409	27	7	128
UTAH	0	8	11	0	0	0
VERMONT	0	3	4	0	1	0
VIRGINIA	14	195	324	4	64	29
WASHINGTON	21	67	45	19	2	44
WEST VIRGINIA	9	21	46	3	1	7
WISCONSIN	2	363	294	13	.	364
WYOMING	0	3	4	0	2	0
AMERICAN SAMOA	0	0	0	0	0	0
GUAM	0	0	3	0	0	0
NORTHERN MARIANAS	0	0	0	0	0	0
PALAU	.	.	.	.	.	.
VIRGIN ISLANDS	4	31	50	0	0	8
BUR. OF INDIAN AFFAIRS	.	.	.	.	.	.
U.S. AND OUTLYING AREAS	1,653	7,579	8,183	1,297	567	9,782
50 STATES, D.C. & P.R.	1,649	7,548	8,130	1,297	567	9,774

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Data based on the December 1, 1998 count, updated as of September 25, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH10

**Number of Infants and Toddlers Birth Through Age 2 by Early Intervention Services Provided,
by Race/Ethnicity, During the 1998-99 School Year**

STATE	BLACK				
	SPECIAL INSTRUCTION	SPEECH LANGUAGE	TRANSPORTATION	VISION SERVICES	OTHER
ALABAMA	386	636	135	60	759
ALASKA	32	5	0	0	0
ARIZONA	.	.	.	.	.
ARKANSAS	574	406	257	55	166
CALIFORNIA	723	283	148	24	113
COLORADO	63	38	13	8	33
CONNECTICUT	257	126	10	4	16
DELAWARE	101	80	19	29	188
DISTRICT OF COLUMBIA	63	132	35	9	.
FLORIDA	0	1,818	828	445	3,739
GEORGIA	3	5	0	0	0
HAWAII	17	30	14	4	0
IDAHO	.	.	.	.	.
ILLINOIS	144	205	22	9	7
INDIANA	553	446	198	7	2
IOWA	45	8	8	3	6
KANSAS	98	112	40	27	1
KENTUCKY	273	152	11	9	100
LOUISIANA	614	195	15	144	300
MAINE	.	.	.	.	.
MARYLAND	605	497	217	44	2
MASSACHUSETTS	169	110	191	44	.
MICHIGAN	285	204	143	30	342
MINNESOTA	.	.	.	.	.
MISSISSIPPI	380	269	6	7	1
MISSOURI	144	205	22	9	7
MONTANA	1	1	0	0	5
NEBRASKA	0	42	12	1	7
NEVADA	98	44	0	2	98
NEW HAMPSHIRE	2	4	.	.	3
NEW JERSEY	664	298	23	44	12
NEW MEXICO	10	11	0	1	20
NEW YORK	941	1,032	541	29	0
NORTH CAROLINA	.	.	.	.	.
NORTH DAKOTA	2	4	1	2	0
OHIO	358	388	170	35	2,367
OKLAHOMA	67	78	0	1	14
OREGON	4	14	1	1	0
PENNSYLVANIA	947	666	4	60	0
PUERTO RICO	0	0	0	0	0
RHODE ISLAND	41	29	13	1	24
SOUTH CAROLINA	590	333	12	105	154
SOUTH DAKOTA	10	8	2	0	.
TENNESSEE	565	363	261	115	70
TEXAS	1,390	708	26	95	9
UTAH	9	7	6	2	0
VERMONT	3	4	0	1	0
VIRGINIA	321	260	53	24	20
WASHINGTON	109	82	24	4	5
WEST VIRGINIA	77	41	13	3	0
WISCONSIN	585	588	401	14	10
WYOMING	5	5	1	0	0
AMERICAN SAMOA	0	0	0	0	0
GUAM	0	3	0	0	0
NORTHERN MARIANAS	0	0	0	0	0
PALAU	.	.	.	.	.
VIRGIN ISLANDS	26	29	0	5	0
BUR. OF INDIAN AFFAIRS	.	.	.	.	.
U.S. AND OUTLYING AREAS	12,354	11,001	3,896	1,516	8,600
50 STATES, D.C. & P.R.	12,328	10,969	3,896	1,511	8,600

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Data based on the December 1, 1998 count, updated as of September 25, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH10

**Number of Infants and Toddlers Birth Through Age 2 by Early Intervention Services Provided,
by Race/Ethnicity, During the 1998-99 School Year**

HISPANIC

STATE	ASSISTIVE TECHNOLOGY	AUDIOLOGY	FAMILY TRAINING	HEALTH SERVICES	MEDICAL SERVICES	NURSING SERVICES
ALABAMA	0	2	13	3	2	9
ALASKA	0	3	0	2	7	1
ARIZONA	.	.	.	.	.	.
ARKANSAS	0	5	53	1	6	6
CALIFORNIA	33	153	75	439	2	29
COLORADO	92	94	228	134	161	66
CONNECTICUT	0	3	30	0	0	2
DELAWARE	1	7	6	11	26	10
DISTRICT OF COLUMBIA	1	2	37	0	16	9
FLORIDA	201	188	1,048	19	956	526
GEORGIA	0	0	1	0	0	0
HAWAII	3	5	41	2	5	20
IDAHO	.	.	.	.	.	.
ILLINOIS	1	2	18	0	1	0
INDIANA	11	10	1	0	1	3
IOWA	3	6	2	5	4	4
KANSAS	24	25	75	11	7	13
KENTUCKY	4	5	23	0	1	1
LOUISIANA	0	3	1	2	4	0
MAINE	.	.	.	.	.	.
MARYLAND	0	17	17	0	0	2
MASSACHUSETTS	.	47	1,569	1,569	.	127
MICHIGAN	6	4	64	54	17	48
MINNESOTA	.	.	.	.	.	.
MISSISSIPPI	1	4	3	0	1	0
MISSOURI	1	2	18	0	1	0
MONTANA	7	6	19	5	3	2
NEBRASKA	0	1	3	12	0	4
NEVADA	27	19	199	7	14	0
NEW HAMPSHIRE	.	.	8	.	.	1
NEW JERSEY	12	25	26	0	9	14
NEW MEXICO	3	31	58	0	2	7
NEW YORK	15	35	203	0	0	2
NORTH CAROLINA	.	.	.	.	.	.
NORTH DAKOTA	1	2	6	1	3	2
OHIO	7	15	13	25	34	43
OKLAHOMA	0	0	1	0	0	5
OREGON	15	11	66	4	8	16
PENNSYLVANIA	10	15	18	0	0	21
PUERTO RICO	238	1,249	688	629	2,359	2,359
RHODE ISLAND	0	21	17	0	0	2
SOUTH CAROLINA	1	5	5	0	3	1
SOUTH DAKOTA	0	1	1	0	0	0
TENNESSEE	2	11	41	6	13	15
TEXAS	366	277	1,271	61	66	74
UTAH	64	10	106	0	0	41
VERMONT	1	0	1	0	1	0
VIRGINIA	4	3	11	1	5	3
WASHINGTON	14	47	145	65	78	60
WEST VIRGINIA	0	0	1	1	0	0
WISCONSIN	1	0	16	0	0	27
WYOMING	2	3	16	8	7	5
AMERICAN SAMOA	0	0	0	0	0	0
GUAM	0	0	1	0	0	0
NORTHERN MARIANAS	0	0	0	0	0	0
PALAU	.	.	.	.	.	.
VIRGIN ISLANDS	1	3	8	0	5	3
BUR. OF INDIAN AFFAIRS	.	.	.	.	.	.
U.S. AND OUTLYING AREAS	1,193	2,377	6,271	3,077	3,828	3,583
50 STATES, D.C. & P.R.	1,192	2,374	6,262	3,077	3,823	3,580

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Table AH10

**Number of Infants and Toddlers Birth Through Age 2 by Early Intervention Services Provided,
by Race/Ethnicity, During the 1998-99 School Year**

HISPANIC

STATE	NUTRITION SERVICES	OCCUPATIONAL THERAPY	PHYSICAL THERAPY	PSYCHOLOGICAL SERVICES	RESPIRE CARE	SOCIAL WORK SERVICES
ALABAMA	1	18	27	0	0	3
ALASKA	2	9	11	0	0	0
ARIZONA	.	.	.	.	.	.
ARKANSAS	2	24	24	8	2	12
CALIFORNIA	2	444	253	120	571	27
COLORADO	105	193	188	11	111	56
CONNECTICUT	1	85	122	1	0	22
DELAWARE	17	23	24	0	0	6
DISTRICT OF COLUMBIA	13	28	21	0	0	9
FLORIDA	0	542	563	304	0	3,390
GEORGIA	0	1	4	0	0	0
HAWAII	7	16	21	5	10	30
IDAH0	.	.	.	.	.	.
ILLINOIS	0	13	1	0	0	1
INDIANA	5	69	73	1	0	0
IOWA	1	10	14	1	0	3
KANSAS	30	47	92	14	18	30
KENTUCKY	1	17	19	1	4	0
LOUISIANA	2	8	8	0	0	2
MAINE	.	.	.	.	.	.
MARYLAND	1	17	69	0	0	0
MASSACHUSETTS	31	160	144	97	.	198
MICHIGAN	27	59	60	4	15	76
MINNESOTA	.	.	.	.	.	.
MISSISSIPPI	0	1	1	0	2	1
MISSOURI	0	13	1	0	0	1
MONTANA	4	2	2	1	1	5
NEBRASKA	12	35	28	7	6	0
NEVADA	40	55	73	12	2	19
NEW HAMPSHIRE	1	7	7	.	.	1
NEW JERSEY	12	107	195	3	1	58
NEW MEXICO	30	200	156	4	37	5
NEW YORK	2	295	386	33	47	84
NORTH CAROLINA	.	.	.	.	.	.
NORTH DAKOTA	3	3	2	0	4	0
OHIO	49	48	45	5	16	29
OKLAHOMA	0	17	22	2	0	1
OREGON	4	75	88	0	0	5
PENNSYLVANIA	6	184	231	12	0	18
PUERTO RICO	794	1,411	1,276	856	0	1,873
RHODE ISLAND	15	20	25	2	.	1
SOUTH CAROLINA	13	14	20	2	0	0
SOUTH DAKOTA	0	1	2	0	.	0
TENNESSEE	13	12	17	4	0	19
TEXAS	510	1,599	1,447	30	26	310
UTAH	0	54	43	0	0	0
VERMONT	2	3	7	0	2	0
VIRGINIA	3	30	60	2	12	5
WASHINGTON	121	142	72	16	9	44
WEST VIRGINIA	1	2	4	1	0	0
WISCONSIN	0	98	91	2	.	63
WYOMING	7	10	10	0	4	0
AMERICAN SAMOA	0	0	0	0	0	0
GUAM	0	0	0	0	0	0
NORTHERN MARIANAS	0	0	0	0	0	0
PALAU	.	.	.	.	.	.
VIRGIN ISLANDS	0	6	4	0	0	0
BUR. OF INDIAN AFFAIRS	.	.	.	.	.	.
U.S. AND OUTLYING AREAS	1,890	6,227	6,053	1,561	900	6,407
50 STATES, D.C. & P.R.	1,890	6,221	6,049	1,561	900	6,407

Please see data notes for an explanation of individual State differences.

Data based on the December 1, 1998 count, updated as of September 25, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH10

**Number of Infants and Toddlers Birth Through Age 2 by Early Intervention Services Provided,
by Race/Ethnicity, During the 1998-99 School Year**

STATE	HISPANIC				
	SPECIAL INSTRUCTION	SPEECH LANGUAGE	TRANSPORTATION	VISION SERVICES	OTHER
ALABAMA	11	27	4	1	36
ALASKA	28	4	0	0	0
ARIZONA	.	.	.	.	.
ARKANSAS	53	30	22	3	22
CALIFORNIA	2,906	483	440	122	449
COLORADO	354	154	101	70	201
CONNECTICUT	312	181	10	5	74
DELAWARE	23	32	10	8	62
DISTRICT OF COLUMBIA	7	26	13	11	.
FLORIDA	0	859	391	210	1,767
GEORGIA	3	7	0	3	0
HAWAII	11	17	10	4	1
IDAHO	.	.	.	.	.
ILLINOIS	9	13	4	3	0
INDIANA	93	80	21	2	12
IOWA	47	11	1	5	8
KANSAS	150	95	30	15	47
KENTUCKY	51	28	2	2	19
LOUISIANA	17	6	1	2	8
MAINE	.	.	.	.	.
MARYLAND	85	60	6	7	1
MASSACHUSETTS	361	235	407	94	.
MICHIGAN	68	48	19	7	56
MINNESOTA	.	.	.	.	.
MISSISSIPPI	9	7	0	0	0
MISSOURI	9	13	4	3	0
MONTANA	5	4	0	4	19
NEBRASKA	0	40	3	1	3
NEVADA	209	69	2	5	209
NEW HAMPSHIRE	5	7	.	.	9
NEW JERSEY	427	172	17	40	44
NEW MEXICO	363	238	7	5	406
NEW YORK	668	706	323	10	0
NORTH CAROLINA	.	.	.	.	.
NORTH DAKOTA	2	6	3	1	1
OHIO	73	64	27	8	414
OKLAHOMA	16	26	0	0	1
OREGON	38	96	39	8	31
PENNSYLVANIA	289	286	5	18	0
PUERTO RICO	1,358	1,188	514	329	0
RHODE ISLAND	74	26	61	0	106
SOUTH CAROLINA	19	16	1	8	7
SOUTH DAKOTA	4	4	3	0	.
TENNESSEE	43	23	18	4	17
TEXAS	3,633	2,562	80	207	81
UTAH	57	45	43	14	0
VERMONT	5	2	0	0	0
VIRGINIA	59	48	10	4	4
WASHINGTON	230	174	129	19	75
WEST VIRGINIA	7	2	3	0	0
WISCONSIN	126	167	61	4	4
WYOMING	16	15	3	0	0
AMERICAN SAMOA	0	0	0	0	0
GUAM	0	0	0	0	0
NORTHERN MARIANAS	0	0	0	0	0
PALAU	.	.	.	.	.
VIRGIN ISLANDS	5	7	0	0	0
BUR. OF INDIAN AFFAIRS	.	.	.	.	.
U.S. AND OUTLYING AREAS	12,338	8,409	2,848	1,266	4,194
50 STATES, D.C. & P.R.	12,333	8,402	2,848	1,266	4,194

Please see data notes for an explanation of individual State differences.

Data based on the December 1, 1998 count, updated as of September 25, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH10

**Number of Infants and Toddlers Birth Through Age 2 by Early Intervention Services Provided,
by Race/Ethnicity, During the 1998-99 School Year**

STATE	WHITE					
	ASSISTIVE TECHNOLOGY	AUDIOLOGY	FAMILY TRAINING	HEALTH SERVICES	MEDICAL SERVICES	NURSING SERVICES
ALABAMA	55	114	371	49	86	145
ALASKA	0	30	2	29	71	21
ARIZONA	.	.	.	.	.	.
ARKANSAS	21	82	955	21	50	50
CALIFORNIA	18	113	30	457	3	68
COLORADO	194	191	580	317	438	121
CONNECTICUT	1	23	21	0	0	13
DELAWARE	11	7	37	23	130	50
DISTRICT OF COLUMBIA	0	0	0	0	0	0
FLORIDA	867	813	4,520	13	3,517	2,214
GEORGIA	0	1	1	0	0	0
HAWAII	19	30	153	6	40	74
IDAHO	.	.	.	.	.	.
ILLINOIS	256	91	674	13	102	48
INDIANA	470	516	7	10	11	42
IOWA	69	105	56	44	43	70
KANSAS	247	312	531	120	104	117
KENTUCKY	224	308	1,341	0	30	57
LOUISIANA	21	171	50	103	182	31
MAINE	.	.	.	.	.	.
MARYLAND	9	414	111	44	4	252
MASSACHUSETTS	.	176	5,882	5,882	.	476
MICHIGAN	75	200	1,245	983	318	860
MINNESOTA	.	.	.	.	.	.
MISSISSIPPI	26	114	126	0	22	0
MISSOURI	256	91	574	13	102	48
MONTANA	63	114	426	71	111	18
NEBRASKA	7	47	43	138	2	68
NEVADA	64	52	491	26	53	0
NEW HAMPSHIRE	.	.	274	.	.	16
NEW JERSEY	44	88	191	5	47	39
NEW MEXICO	1	15	86	2	1	2
NEW YORK	204	534	1,174	0	0	56
NORTH CAROLINA	.	.	.	.	.	.
NORTH DAKOTA	43	51	179	22	33	31
OHIO	103	400	429	742	877	759
OKLAHOMA	0	2	8	0	0	44
OREGON	23	77	389	16	44	70
PENNSYLVANIA	29	197	36	1	5	93
PUERTO RICO	0	0	0	0	0	0
RHODE ISLAND	1	42	211	2	0	10
SOUTH CAROLINA	23	100	53	22	93	19
SOUTH DAKOTA	9	11	34	1	1	0
TENNESSEE	132	253	1,157	126	312	413
TEXAS	533	303	1,108	44	65	66
UTAH	0	157	884	0	0	387
VERMONT	7	31	45	0	28	12
VIRGINIA	49	44	145	14	68	40
WASHINGTON	154	167	549	165	143	129
WEST VIRGINIA	63	54	105	8	27	83
WISCONSIN	99	138	435	18	52	115
WYOMING	12	25	134	75	43	29
AMERICAN SAMOA	0	0	0	0	0	0
GUAM	0	6	13	0	0	0
NORTHERN MARIANAS	0	1	1	0	0	0
PALAU	.	.	.	.	.	.
VIRGIN ISLANDS	0	0	0	0	1	0
BUR. OF INDIAN AFFAIRS	.	.	.	.	.	.
U.S. AND OUTLYING AREAS	4,502	6,811	25,969	9,625	7,259	7,256
50 STATES, D.C. & P.R.	4,502	6,804	25,955	9,625	7,258	7,256

Please see data notes for an explanation of individual State differences.

Data based on the December 1, 1998 count, updated as of September 25, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH10

**Number of Infants and Toddlers Birth Through Age 2 by Early Intervention Services Provided,
by Race/Ethnicity, During the 1998-99 School Year**

WHITE

STATE	NUTRITION SERVICES	OCCUPATIONAL THERAPY	PHYSICAL THERAPY	PSYCHOLOGICAL SERVICES	RESPIRE CARE	SOCIAL WORK SERVICES
ALABAMA	45	655	711	21	0	84
ALASKA	32	55	83	2	19	14
ARIZONA	.	.	.	.	.	.
ARKANSAS	62	460	474	92	10	97
CALIFORNIA	7	429	305	65	376	26
COLORADO	222	506	540	39	276	106
CONNECTICUT	4	502	640	6	0	83
DELAWARE	49	135	148	13	1	45
DISTRICT OF COLUMBIA	0	5	1	0	1	0
FLORIDA	0	2,173	2,426	1,311	0	14,625
GEORGIA	0	12	34	0	0	0
HAWAII	53	119	99	23	29	138
IDAHO	.	.	.	.	.	.
ILLINOIS	56	588	675	13	0	19
INDIANA	74	1,992	2,370	51	0	34
IOWA	49	347	392	58	31	95
KANSAS	211	616	617	77	99	307
KENTUCKY	59	1,012	1,111	33	231	24
LOUISIANA	73	284	283	3	13	18
MAINE	.	.	.	.	.	.
MARYLAND	2	551	800	38	0	31
MASSACHUSETTS	118	600	541	365	.	741
MICHIGAN	422	1,307	1,150	164	257	1,041
MINNESOTA	.	.	.	.	.	.
MISSISSIPPI	12	27	24	4	69	34
MISSOURI	56	588	675	13	0	19
MONTANA	71	113	126	24	148	35
NEBRASKA	123	367	375	78	102	0
NEVADA	99	160	177	57	4	50
NEW HAMPSHIRE	11	346	277	2	.	28
NEW JERSEY	73	595	954	25	23	232
NEW MEXICO	30	143	128	1	34	4
NEW YORK	114	2,123	2,600	101	607	405
NORTH CAROLINA	.	.	.	.	.	.
NORTH DAKOTA	42	121	59	24	47	33
OHIO	723	1,460	1,556	76	306	520
OKLAHOMA	3	220	360	26	0	1
OREGON	14	504	567	3	1	18
PENNSYLVANIA	47	2,010	2,470	96	0	154
PUERTO RICO	0	0	0	0	0	0
RHODE ISLAND	97	192	206	11	.	3
SOUTH CAROLINA	330	345	458	26	0	19
SOUTH DAKOTA	6	175	211	1	.	0
TENNESSEE	299	429	647	83	9	593
TEXAS	462	1,708	1,350	86	38	366
UTAH	0	544	487	7	0	47
VERMONT	43	81	132	7	37	11
VIRGINIA	33	460	764	10	151	69
WASHINGTON	230	620	548	89	64	247
WEST VIRGINIA	157	527	908	99	18	158
WISCONSIN	65	1,359	1,253	20	.	330
WYOMING	45	129	121	22	14	30
AMERICAN SAMOA	0	0	0	0	0	0
GUAM	0	3	4	6	0	0
NORTHERN MARIANAS	0	1	1	0	0	1
PALAU	.	.	.	.	.	.
VIRGIN ISLANDS	0	2	2	0	0	2
BUR. OF INDIAN AFFAIRS	.	.	.	.	.	.
U.S. AND OUTLYING AREAS	4,723	27,700	30,840	3,371	3,015	20,937
50 STATES, D.C. & P.R.	4,723	27,694	30,833	3,365	3,015	20,934

Please see data notes for an explanation of individual State differences.

Data based on the December 1, 1998 count, updated as of September 25, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH10

**Number of Infants and Toddlers Birth Through Age 2 by Early Intervention Services Provided,
by Race/Ethnicity, During the 1998-99 School Year**

STATE	WHITE				
	SPECIAL INSTRUCTION	SPEECH LANGUAGE	TRANSPORTATION	VISION SERVICES	OTHER
ALABAMA	448	834	112	99	996
ALASKA	199	64	2	13	0
ARIZONA	.	.	.	.	.
ARKANSAS	955	700	312	74	308
CALIFORNIA	1,960	911	64	132	440
COLORADO	1,035	526	146	127	527
CONNECTICUT	1,082	1,016	6	19	80
DELAWARE	205	203	27	48	328
DISTRICT OF COLUMBIA	4	5	0	0	.
FLORIDA	0	3,703	1,690	908	7,622
GEORGIA	14	40	2	10	12
HAWAII	71	145	32	40	2
IDAHO	.	.	.	.	.
ILLINOIS	547	894	363	59	39
INDIANA	3,278	2,842	604	60	21
IOWA	737	335	20	55	167
KANSAS	848	1,011	130	230	35
KENTUCKY	2,955	1,641	118	98	1,086
LOUISIANA	679	231	4	157	373
MAINE	.	.	.	.	.
MARYLAND	1,192	1,229	162	85	4
MASSACHUSETTS	1,353	882	1,529	353	.
MICHIGAN	1,501	1,182	526	144	1,407
MINNESOTA	.	.	.	.	.
MISSISSIPPI	301	211	5	6	1
MISSOURI	547	894	363	59	39
MONTANA	97	175	28	37	426
NEBRASKA	0	486	120	11	48
NEVADA	544	267	3	14	544
NEW HAMPSHIRE	165	438	.	8	365
NEW JERSEY	1,619	1,299	11	123	67
NEW MEXICO	251	215	6	5	322
NEW YORK	3,184	5,506	1,186	151	0
NORTH CAROLINA	.	.	.	.	.
NORTH DAKOTA	149	119	26	48	13
OHIO	1,422	1,709	684	162	9,524
OKLAHOMA	311	549	0	6	29
OREGON	347	714	143	52	88
PENNSYLVANIA	2,948	2,866	33	181	0
PUERTO RICO	0	0	0	0	0
RHODE ISLAND	354	262	52	11	490
SOUTH CAROLINA	556	419	15	134	190
SOUTH DAKOTA	196	251	105	12	.
TENNESSEE	1,253	903	466	124	265
TEXAS	3,561	2,667	51	298	50
UTAH	625	817	373	135	18
VERMONT	250	177	14	18	0
VIRGINIA	757	614	125	56	47
WASHINGTON	1,004	869	328	81	117
WEST VIRGINIA	1,627	898	269	53	0
WISCONSIN	1,772	2,052	410	82	31
WYOMING	177	178	71	14	20
AMERICAN SAMOA	0	0	0	0	0
GUAM	5	8	5	0	0
NORTHERN MARIANAS	1	1	0	0	0
PALAU	.	.	.	.	.
VIRGIN ISLANDS	3	1	0	1	0
BUR. OF INDIAN AFFAIRS	.	.	.	.	.
U.S. AND OUTLYING AREAS	43,089	43,959	10,741	4,593	26,141
50 STATES, D.C. & P.R.	43,080	43,949	10,736	4,592	26,141

Please see data notes for an explanation of individual State differences.

Data based on the December 1, 1998 count, updated as of September 25, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH10

**Percentage of Infants and Toddlers Birth Through Age 2 by Early Intervention Services
Provided, by Race/Ethnicity, During the 1998-99 School Year**

AMERICAN INDIAN/ALASKA NATIVE

STATE	ASSISTIVE TECHNOLOGY	AUDIOLOGY	FAMILY TRAINING	HEALTH SERVICES	MEDICAL SERVICES	NURSING SERVICES
ALABAMA	0.00	0.00	30.00	20.00	10.00	0.00
ALASKA	0.00	15.14	2.16	22.70	29.19	10.27
ARIZONA	.	.	.	.	.	.
ARKANSAS	0.00	0.00	0.00	0.00	0.00	0.00
CALIFORNIA	0.00	5.36	0.00	7.14	0.00	0.00
COLORADO	0.00	0.00	18.52	11.11	18.52	0.00
CONNECTICUT	0.00	0.00	0.00	0.00	0.00	0.00
DELAWARE	0.00	0.00	0.00	0.00	0.00	0.00
DISTRICT OF COLUMBIA	0.00	0.00	0.00	0.00	0.00	0.00
FLORIDA	14.29	14.29	64.29	14.29	57.14	335.71
GEORGIA	0.00	0.00	0.00	0.00	0.00	0.00
HAWAII	0.00	28.57	57.14	0.00	28.57	28.57
IDAHO	.	.	.	.	.	.
ILLINOIS	0.00	0.00	33.33	0.00	0.00	0.00
INDIANA	0.00	0.00	0.00	0.00	0.00	0.00
IOWA	0.00	0.00	0.00	0.00	0.00	0.00
KANSAS	26.67	6.67	73.33	6.67	0.00	6.67
KENTUCKY	0.00	0.00	2.00	0.00	0.00	0.00
LOUISIANA	7.14	21.43	21.43	7.14	14.29	7.14
MAINE	.	.	.	.	.	.
MARYLAND	0.00	0.00	0.00	0.00	0.00	0.00
MASSACHUSETTS	.	3.13	62.50	62.50	.	6.25
MICHIGAN	1.67	6.67	45.00	41.67	20.00	35.00
MINNESOTA	.	.	.	.	.	.
MISSISSIPPI	0.00	0.00	0.00	0.00	0.00	0.00
MISSOURI	0.00	0.00	3.23	0.00	0.00	0.00
MONTANA	12.30	14.75	100.00	15.57	28.69	4.92
NEBRASKA	0.00	0.00	0.00	21.43	0.00	14.29
NEVADA	18.75	37.50	87.50	0.00	18.75	0.00
NEW HAMPSHIRE	.	.	28.57	.	.	.
NEW JERSEY	0.00	0.00	0.00	0.00	0.00	0.00
NEW MEXICO	0.00	10.77	11.28	10.26	5.64	3.59
NEW YORK	4.17	4.17	8.33	0.00	0.00	0.00
NORTH CAROLINA	.	.	.	.	.	.
NORTH DAKOTA	20.00	15.56	64.44	2.22	8.89	11.11
OHIO	9.09	9.09	0.00	0.00	9.09	9.09
OKLAHOMA	0.00	0.00	0.00	0.00	0.00	2.92
OREGON	0.00	11.11	47.22	13.89	16.67	2.78
PENNSYLVANIA	0.00	0.00	6.25	0.00	0.00	0.00
PUERTO RICO	0.00	0.00	0.00	0.00	0.00	0.00
RHODE ISLAND	0.00	0.00	40.00	0.00	0.00	0.00
SOUTH CAROLINA	0.00	50.00	0.00	0.00	0.00	0.00
SOUTH DAKOTA	0.57	4.02	6.90	0.00	0.57	0.57
TENNESSEE	0.00	0.00	40.00	10.00	30.00	0.00
TEXAS	15.79	5.26	21.05	0.00	0.00	5.26
UTAH	1.94	22.33	58.25	0.00	0.00	20.39
VERMONT	0.00	0.00	16.67	0.00	16.67	16.67
VIRGINIA	0.00	0.00	0.00	0.00	20.00	20.00
WASHINGTON	7.25	11.59	62.32	24.64	21.74	24.64
WEST VIRGINIA	0.00	50.00	0.00	0.00	0.00	0.00
WISCONSIN	1.92	1.92	11.54	0.00	0.00	9.62
WYOMING	13.04	4.35	30.43	26.09	4.35	13.04
AMERICAN SAMOA	0.00	0.00	0.00	0.00	0.00	0.00
GUAM	0.00	0.00	0.00	0.00	0.00	0.00
NORTHERN MARIANAS	0.00	0.00	0.00	0.00	0.00	0.00
PALAU	.	.	.	.	.	.
VIRGIN ISLANDS	0.00	0.00	0.00	0.00	0.00	0.00
BUR. OF INDIAN AFFAIRS	.	.	.	.	.	.
U.S. AND OUTLYING AREAS	1.27	3.53	10.68	4.19	4.05	4.14
50 STATES, D.C. & P.R.	2.62	7.29	22.03	8.65	8.35	8.55

Please see data notes for an explanation of individual State differences.
Percentages are based on counts of infants and toddlers with disabilities for whom race/ethnicity were provided. As an example of how the table should read: 30.00% of AMERICAN INDIAN infants and toddlers with disabilities served in ALABAMA received FAMILY TRAINING services.
Data based on the December 1, 1998 count, updated as of September 25, 2000.
U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH10

**Percentage of Infants and Toddlers Birth Through Age 2 by Early Intervention Services
Provided, by Race/Ethnicity, During the 1998-99 School Year**

AMERICAN INDIAN/ALASKA NATIVE

STATE	NUTRITION SERVICES	OCCUPATIONAL THERAPY	PHYSICAL THERAPY	PSYCHOLOGICAL SERVICES	RESPIRE CARE	SOCIAL WORK SERVICES
ALABAMA	0.00	50.00	30.00	0.00	0.00	0.00
ALASKA	14.05	16.76	28.11	0.54	7.03	5.95
ARIZONA	.	.	.	.	.	.
ARKANSAS	0.00	0.00	0.00	0.00	0.00	0.00
CALIFORNIA	0.00	1.79	3.57	0.00	5.36	0.00
COLORADO	0.00	11.11	7.41	0.00	3.70	3.70
CONNECTICUT	0.00	27.27	18.18	0.00	0.00	0.00
DELAWARE	0.00	50.00	50.00	0.00	0.00	0.00
DISTRICT OF COLUMBIA	0.00	0.00	0.00	0.00	0.00	0.00
FLORIDA	0.00	35.71	35.71	28.57	0.00	214.29
GEORGIA	0.00	0.00	0.00	0.00	0.00	0.00
HAWAII	0.00	42.86	42.86	0.00	28.57	42.86
IDAHO	.	.	.	.	.	.
ILLINOIS	33.33	66.67	66.67	0.00	0.00	0.00
INDIANA	0.00	25.00	25.00	0.00	0.00	0.00
IOWA	0.00	0.00	0.00	0.00	0.00	12.50
KANSAS	33.33	46.67	53.33	0.00	0.00	33.33
KENTUCKY	0.00	1.00	1.00	0.00	0.00	0.00
LOUISIANA	21.43	42.86	21.43	0.00	0.00	0.00
MAINE	.	.	.	.	.	.
MARYLAND	0.00	50.00	50.00	0.00	0.00	0.00
MASSACHUSETTS	0.00	6.25	6.25	3.13	.	9.38
MICHIGAN	23.33	23.33	18.33	10.00	8.33	41.67
MINNESOTA	.	.	.	.	.	.
MISSISSIPPI	0.00	20.00	0.00	0.00	0.00	0.00
MISSOURI	3.23	6.45	6.45	0.00	0.00	0.00
MONTANA	25.41	27.87	27.05	2.46	58.20	20.49
NEBRASKA	35.71	64.29	64.29	14.29	14.29	0.00
NEVADA	12.50	25.00	43.75	25.00	6.25	37.50
NEW HAMPSHIRE	.	28.57	14.29	.	.	.
NEW JERSEY	50.00	33.33	33.33	0.00	0.00	16.67
NEW MEXICO	9.74	30.26	34.87	1.54	2.05	0.51
NEW YORK	0.00	0.00	16.67	54.17	0.00	4.17
NORTH CAROLINA	.	.	.	.	.	.
NORTH DAKOTA	24.44	31.11	28.89	6.67	11.11	26.67
OHIO	0.00	27.27	27.27	0.00	18.18	0.00
OKLAHOMA	0.00	9.94	16.37	0.58	0.00	0.00
OREGON	2.78	38.89	27.78	0.00	0.00	19.44
PENNSYLVANIA	0.00	31.25	31.25	0.00	0.00	0.00
PUERTO RICO	0.00	0.00	0.00	0.00	0.00	0.00
RHODE ISLAND	20.00	0.00	60.00	0.00	.	0.00
SOUTH CAROLINA	50.00	50.00	50.00	0.00	0.00	0.00
SOUTH DAKOTA	4.02	24.71	29.89	0.00	.	0.00
TENNESSEE	30.00	10.00	10.00	0.00	0.00	20.00
TEXAS	0.00	31.58	26.32	0.00	0.00	5.26
UTAH	0.00	17.48	9.71	0.97	0.00	2.91
VERMONT	16.67	83.33	33.33	0.00	0.00	0.00
VIRGINIA	0.00	20.00	40.00	0.00	0.00	20.00
WASHINGTON	10.14	53.62	28.99	4.35	5.80	40.58
WEST VIRGINIA	50.00	0.00	50.00	0.00	0.00	0.00
WISCONSIN	1.92	48.08	30.77	0.00	.	5.77
WYOMING	17.39	73.91	52.17	17.39	4.35	0.00
AMERICAN SAMOA	0.00	0.00	0.00	0.00	0.00	0.00
GUAM	0.00	0.00	0.00	0.00	0.00	0.00
NORTHERN MARIANAS	0.00	0.00	0.00	0.00	0.00	0.00
PALAU	.	.	.	.	.	.
VIRGIN ISLANDS	0.00	0.00	0.00	0.00	0.00	0.00
BUR. OF INDIAN AFFAIRS	.	.	.	.	.	.
U.S. AND OUTLYING AREAS	3.61	9.92	10.00	1.19	2.78	4.14
50 STATES, D.C. & P.R.	7.44	20.47	20.62	2.46	5.73	8.55

Please see data notes for an explanation of individual State differences.

Percentages are based on counts of infants and toddlers with disabilities for whom race/ethnicity were provided. As an example of how the table should read: 30.00% of AMERICAN INDIAN infants and toddlers with disabilities served in ALABAMA received FAMILY TRAINING services.

Data based on the December 1, 1998 count, updated as of September 25, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH10

Percentage of Infants and Toddlers Birth Through Age 2 by Early Intervention Services
Provided, by Race/Ethnicity, During the 1998-99 School Year

AMERICAN INDIAN/ALASKA NATIVE

STATE	SPECIAL INSTRUCTION	SPEECH LANGUAGE	TRANSPORTATION	VISION SERVICES	OTHER
ALABAMA	40.00	70.00	0.00	0.00	70.00
ALASKA	81.62	38.92	0.54	4.86	0.00
ARIZONA	.	.	.	.	.
ARKANSAS	0.00	0.00	0.00	0.00	0.00
CALIFORNIA	35.71	14.29	1.79	5.36	3.57
COLORADO	25.93	3.70	7.41	11.11	3.70
CONNECTICUT	54.55	27.27	0.00	0.00	0.00
DELAWARE	100.00	50.00	0.00	0.00	100.00
DISTRICT OF COLUMBIA	0.00	0.00	0.00	0.00	.
FLORIDA	0.00	57.14	21.43	14.29	114.29
GEORGIA	0.00	0.00	0.00	0.00	0.00
HAWAII	28.57	71.43	14.29	14.29	0.00
IDAHO	.	.	.	.	.
ILLINOIS	66.67	66.67	0.00	0.00	0.00
INDIANA	75.00	50.00	25.00	0.00	0.00
IOWA	75.00	0.00	0.00	0.00	0.00
KANSAS	60.00	60.00	20.00	26.67	6.67
KENTUCKY	3.00	2.00	0.00	0.00	1.00
LOUISIANA	92.86	21.43	0.00	7.14	50.00
MAINE	.	.	.	.	.
MARYLAND	75.00	75.00	0.00	25.00	0.00
MASSACHUSETTS	15.63	9.38	15.63	3.13	.
MICHIGAN	25.00	25.00	18.33	3.33	48.33
MINNESOTA	.	.	.	.	.
MISSISSIPPI	40.00	20.00	0.00	0.00	0.00
MISSOURI	6.45	6.45	0.00	0.00	0.00
MONTANA	28.69	24.59	11.48	4.92	100.00
NEBRASKA	0.00	107.14	14.29	7.14	7.14
NEVADA	87.50	43.75	0.00	6.25	87.50
NEW HAMPSHIRE	28.57	14.29	.	.	42.86
NEW JERSEY	66.67	33.33	0.00	0.00	0.00
NEW MEXICO	66.15	51.79	7.18	7.18	86.15
NEW YORK	0.00	54.17	66.67	33.33	0.00
NORTH CAROLINA	.	.	.	.	.
NORTH DAKOTA	46.67	20.00	17.78	13.33	4.44
OHIO	27.27	36.36	27.27	0.00	209.09
OKLAHOMA	40.94	26.32	0.00	0.00	2.92
OREGON	22.22	63.89	44.44	5.56	16.67
PENNSYLVANIA	56.25	37.50	0.00	12.50	0.00
PUERTO RICO	0.00	0.00	0.00	0.00	0.00
RHODE ISLAND	0.00	40.00	0.00	20.00	0.00
SOUTH CAROLINA	100.00	0.00	0.00	50.00	50.00
SOUTH DAKOTA	83.91	64.37	56.90	1.72	.
TENNESSEE	50.00	10.00	0.00	10.00	10.00
TEXAS	68.42	36.84	0.00	0.00	0.00
UTAH	48.54	25.24	25.24	9.71	0.00
VERMONT	50.00	33.33	16.67	0.00	0.00
VIRGINIA	40.00	40.00	0.00	0.00	0.00
WASHINGTON	86.96	72.46	30.43	4.35	11.59
WEST VIRGINIA	100.00	50.00	0.00	0.00	0.00
WISCONSIN	59.62	57.69	28.85	3.85	1.92
WYOMING	52.17	60.87	39.13	8.70	0.00
AMERICAN SAMOA	0.00	0.00	0.00	0.00	0.00
GUAM	14.29	0.00	0.00	0.00	0.00
NORTHERN MARIANAS	0.00	0.00	0.00	0.00	0.00
PALAU	.	.	.	.	.
VIRGIN ISLANDS	0.00	0.00	0.00	0.00	0.00
BUR. OF INDIAN AFFAIRS	.	.	.	.	.
U.S. AND OUTLYING AREAS	21.38	15.85	6.63	2.19	10.26
50 STATES, D.C. & P.R.	44.06	32.70	13.68	4.53	21.18

Please see data notes for an explanation of individual State differences.
Percentages are based on counts of infants and toddlers with disabilities for whom race/ethnicity were provided. As an example of how the table should read: 30.00% of AMERICAN INDIAN infants and toddlers with disabilities served in ALABAMA received FAMILY TRAINING services.
Data based on the December 1, 1998 count, updated as of September 25, 2000.
U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH10

**Percentage of Infants and Toddlers Birth Through Age 2 by Early Intervention Services
Provided, by Race/Ethnicity, During the 1998-99 School Year**

ASIAN/PACIFIC ISLANDER

STATE	ASSISTIVE TECHNOLOGY	AUDIOLOGY	FAMILY TRAINING	HEALTH SERVICES	MEDICAL SERVICES	NURSING SERVICES
ALABAMA	0.00	0.00	33.33	0.00	0.00	16.67
ALASKA	0.00	81.82	0.00	13.64	40.91	9.09
ARIZONA	.	.	.	.	.	.
ARKANSAS	0.00	0.00	55.56	0.00	0.00	11.11
CALIFORNIA	0.36	1.78	1.30	11.37	0.00	2.37
COLORADO	8.14	6.98	18.60	10.47	15.12	3.49
CONNECTICUT	0.00	0.00	0.00	0.00	0.00	0.00
DELAWARE	0.00	14.29	14.29	0.00	0.00	0.00
DISTRICT OF COLUMBIA	0.00	50.00	50.00	0.00	50.00	50.00
FLORIDA	13.33	12.00	68.00	10.67	56.00	34.67
GEORGIA	0.00	0.00	0.00	0.00	0.00	0.00
HAWAII	3.14	4.90	59.15	2.95	4.36	25.92
IDAHO	.	.	.	.	.	.
ILLINOIS	0.00	0.00	0.00	0.00	1.28	0.00
INDIANA	8.93	10.71	0.00	0.00	1.79	3.57
IOWA	0.00	8.33	0.00	0.00	0.00	0.00
KANSAS	13.89	25.00	22.22	0.00	5.56	2.78
KENTUCKY	2.00	3.00	14.00	0.00	0.00	1.00
LOUISIANA	0.00	16.75	6.25	12.50	37.50	6.25
MAINE	.	.	.	.	.	.
MARYLAND	0.00	12.38	11.43	0.00	0.00	2.86
MASSACHUSETTS	.	2.64	84.16	84.16	.	6.93
MICHIGAN	0.00	3.61	26.51	26.51	6.02	26.51
MINNESOTA	.	.	.	.	.	.
MISSISSIPPI	0.00	100.00	100.00	0.00	0.00	0.00
MISSOURI	5.26	10.53	26.32	0.00	0.00	5.26
MONTANA	12.50	50.00	100.00	12.50	25.00	0.00
NEBRASKA	0.00	0.00	10.00	20.00	0.00	0.00
NEVADA	11.54	3.85	80.77	7.69	17.31	0.00
NEW HAMPSHIRE	.	.	30.00	.	.	.
NEW JERSEY	0.70	5.59	4.90	0.00	3.50	1.40
NEW MEXICO	0.00	0.00	16.67	0.00	0.00	0.00
NEW YORK	3.52	7.54	12.06	0.00	0.00	0.00
NORTH CAROLINA	.	.	.	.	.	.
NORTH DAKOTA	0.00	0.00	66.67	33.33	33.33	0.00
OHIO	4.08	4.08	6.12	10.20	12.24	8.16
OKLAHOMA	0.00	0.00	0.00	0.00	0.00	3.57
OREGON	0.00	3.13	15.63	0.00	3.13	0.00
PENNSYLVANIA	0.00	22.00	2.00	0.00	0.00	14.00
PUERTO RICO	0.00	0.00	0.00	0.00	100.00	100.00
RHODE ISLAND	0.00	0.00	18.18	0.00	0.00	0.00
SOUTH CAROLINA	0.00	0.00	0.00	0.00	15.38	0.00
SOUTH DAKOTA	0.00	0.00	50.00	0.00	0.00	0.00
TENNESSEE	6.98	9.30	62.79	6.98	13.95	11.63
TEXAS	7.66	4.98	14.94	1.92	1.15	1.53
UTAH	4.55	25.00	54.55	0.00	0.00	9.09
VERMONT	0.00	0.00	0.00	0.00	11.11	0.00
VIRGINIA	3.85	1.92	9.62	0.00	3.85	1.92
WASHINGTON	10.00	16.67	35.00	11.67	13.33	10.00
WEST VIRGINIA	33.33	0.00	0.00	0.00	0.00	0.00
WISCONSIN	1.18	1.18	12.94	0.00	1.18	8.24
WYOMING	0.00	50.00	100.00	100.00	50.00	0.00
AMERICAN SAMOA	0.00	2.33	0.00	0.00	0.00	4.65
GUAM	1.16	60.12	104.05	0.00	0.00	6.94
NORTHERN MARIANAS	0.00	65.71	20.00	0.00	14.29	0.00
PALAU	.	.	.	.	.	.
VIRGIN ISLANDS	0.00	0.00	0.00	0.00	0.00	0.00
BUR. OF INDIAN AFFAIRS	.	.	.	.	.	.
U.S. AND OUTLYING AREAS	2.75	7.15	38.56	8.18	4.04	13.67
50 STATES, D.C. & P.R.	2.84	5.28	37.03	8.53	4.13	14.02

Please see data notes for an explanation of individual State differences.
Percentages are based on counts of infants and toddlers with disabilities for whom race/ethnicity were provided. As an example of how the table should read: 33.33% of ASIAN/PACIFIC ISLANDER infants and toddlers with disabilities served in ALABAMA received FAMILY TRAINING services.
Data based on the December 1, 1998 count, updated as of September 25, 2000.
U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH10

**Percentage of Infants and Toddlers Birth Through Age 2 by Early Intervention Services
Provided, by Race/Ethnicity, During the 1998-99 School Year**

ASIAN/PACIFIC ISLANDER

STATE	NUTRITION SERVICES	OCCUPATIONAL THERAPY	PHYSICAL THERAPY	PSYCHOLOGICAL SERVICES	RESPITE CARE	SOCIAL WORK SERVICES
ALABAMA	0.00	50.00	66.67	16.67	0.00	16.67
ALASKA	22.73	54.55	18.18	0.00	4.55	9.09
ARIZONA	.	.	.	.	.	.
ARKANSAS	11.11	33.33	33.33	0.00	0.00	11.11
CALIFORNIA	0.59	11.26	5.09	3.08	7.35	1.30
COLORADO	6.98	23.26	24.42	0.00	8.14	0.00
CONNECTICUT	0.00	26.51	34.94	0.00	0.00	3.61
DELAWARE	0.00	14.29	28.57	0.00	0.00	0.00
DISTRICT OF COLUMBIA	50.00	50.00	50.00	0.00	0.00	50.00
FLORIDA	0.00	34.67	37.33	20.00	0.00	225.33
GEORGIA	0.00	0.00	0.00	0.00	0.00	0.00
HAWAII	9.07	17.69	16.50	3.25	7.70	24.00
IDAHO	.	.	.	.	.	.
ILLINOIS	2.56	2.56	3.85	0.00	2.56	0.00
INDIANA	5.36	35.71	48.21	0.00	0.00	0.00
IOWA	0.00	41.67	33.33	8.33	0.00	8.33
KANSAS	8.33	50.00	33.33	2.78	8.33	13.89
KENTUCKY	1.00	10.00	11.00	0.00	2.00	0.00
LOUISIANA	0.00	31.25	37.50	0.00	0.00	6.25
MAINE	.	.	.	.	.	.
MARYLAND	0.00	30.48	48.57	1.90	0.95	0.95
MASSACHUSETTS	1.65	8.58	7.92	5.28	.	10.56
MICHIGAN	8.43	36.14	36.14	7.23	4.82	32.53
MINNESOTA	.	.	.	.	.	.
MISSISSIPPI	0.00	100.00	0.00	0.00	100.00	0.00
MISSOURI	5.26	36.84	52.63	0.00	0.00	0.00
MONTANA	25.00	12.50	12.50	0.00	25.00	12.50
NEBRASKA	20.00	50.00	50.00	0.00	10.00	0.00
NEVADA	19.23	17.31	38.46	7.69	0.00	11.54
NEW HAMPSHIRE	.	50.00	40.00	.	.	.
NEW JERSEY	2.80	11.89	23.78	0.00	1.40	4.90
NEW MEXICO	33.33	16.67	66.67	0.00	0.00	0.00
NEW YORK	2.51	34.67	46.73	0.00	4.02	6.53
NORTH CAROLINA	.	.	.	.	.	.
NORTH DAKOTA	0.00	100.00	66.67	100.00	0.00	0.00
OHIO	8.16	24.49	24.49	2.04	8.16	10.20
OKLAHOMA	0.00	17.86	25.00	0.00	0.00	0.00
OREGON	0.00	43.75	56.25	3.13	0.00	0.00
PENNSYLVANIA	0.00	150.00	144.00	10.00	0.00	16.00
PUERTO RICO	0.00	100.00	100.00	0.00	0.00	100.00
RHODE ISLAND	27.27	0.00	54.55	0.00	.	0.00
SOUTH CAROLINA	23.08	15.38	15.38	0.00	0.00	0.00
SOUTH DAKOTA	0.00	50.00	50.00	0.00	.	0.00
TENNESSEE	6.98	18.60	25.58	0.00	0.00	20.93
TEXAS	11.49	31.03	23.37	2.30	0.38	4.21
UTAH	0.00	38.64	34.09	0.00	0.00	6.82
VERMONT	22.22	22.22	33.33	0.00	22.22	0.00
VIRGINIA	1.92	28.85	48.08	0.00	9.62	3.85
WASHINGTON	11.67	55.00	58.33	1.67	11.67	15.00
WEST VIRGINIA	66.67	33.33	100.00	0.00	0.00	0.00
WISCONSIN	0.00	34.12	36.47	2.35	.	16.47
WYOMING	50.00	50.00	0.00	0.00	0.00	50.00
AMERICAN SAMOA	0.00	20.93	6.98	0.00	2.33	0.00
GUAM	4.05	13.29	31.79	35.84	0.00	15.61
NORTHERN MARIANAS	0.00	34.29	80.00	0.00	0.00	40.00
PALAU	.	.	.	.	.	.
VIRGIN ISLANDS	0.00	0.00	0.00	0.00	0.00	0.00
BUR. OF INDIAN AFFAIRS	.	.	.	.	.	.
U.S. AND OUTLYING AREAS	5.95	20.40	21.12	3.88	5.17	16.51
50 STATES, D.C. & P.R.	6.08	20.53	20.56	2.99	5.37	16.52

Please see data notes for an explanation of individual State differences.
Percentages are based on counts of infants and toddlers with disabilities for whom race/ethnicity were provided. As an example of how the table should read: 33.33% of ASIAN/PACIFIC ISLANDER infants and toddlers with disabilities served in ALABAMA received FAMILY TRAINING services.
Data based on the December 1, 1998 count, updated as of September 25, 2000.
U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH10

Percentage of Infants and Toddlers Birth Through Age 2 by Early Intervention Services
Provided, by Race/Ethnicity, During the 1998-99 School Year

ASIAN/PACIFIC ISLANDER					
STATE	SPECIAL INSTRUCTION	SPEECH LANGUAGE	TRANSPORTATION	VISION SERVICES	OTHER
ALABAMA	33.33	33.33	16.67	0.00	50.00
ALASKA	145.45	31.92	0.00	13.64	0.00
ARIZONA	.	.	.	.	.
ARKANSAS	55.56	55.56	22.22	0.00	33.33
CALIFORNIA	49.17	13.27	2.84	2.37	6.52
COLORADO	37.21	19.77	1.16	5.81	18.60
CONNECTICUT	46.99	32.53	0.00	0.00	7.23
DELAWARE	14.29	28.57	0.00	0.00	85.71
DISTRICT OF COLUMBIA	0.00	50.00	0.00	50.00	.
FLORIDA	0.00	56.00	25.33	13.33	116.00
GEORGIA	0.00	0.00	0.00	0.00	0.00
HAWAII	15.93	20.79	14.93	4.17	0.88
IDAHO	.	.	.	.	.
ILLINOIS	8.97	2.56	0.00	0.00	0.00
INDIANA	60.71	69.64	1.79	3.57	0.00
IOWA	66.67	16.67	0.00	0.00	0.00
KANSAS	61.11	61.11	5.56	22.22	0.00
KENTUCKY	30.00	17.00	1.00	1.00	11.00
LOUISIANA	81.25	25.00	0.00	12.50	56.25
MAINE	.	.	.	.	.
MARYLAND	49.52	61.90	7.62	3.81	0.95
MASSACHUSETTS	19.47	12.54	21.78	4.95	.
MICHIGAN	34.94	37.35	15.66	3.61	22.89
MINNESOTA	.	.	.	.	.
MISSISSIPPI	200.00	100.00	0.00	0.00	0.00
MISSOURI	36.84	73.68	15.79	0.00	10.53
MONTANA	0.00	37.50	0.00	0.00	100.00
NEBRASKA	0.00	80.00	20.00	0.00	0.00
NEVADA	84.62	23.08	0.00	1.92	84.62
NEW HAMPSHIRE	40.00	70.00	.	.	80.00
NEW JERSEY	79.72	38.46	0.70	7.69	6.99
NEW MEXICO	100.00	83.33	0.00	0.00	50.00
NEW YORK	48.24	72.86	14.57	1.01	0.00
NORTH CAROLINA	.	.	.	.	.
NORTH DAKOTA	66.67	66.67	0.00	33.33	0.00
OHIO	18.37	28.57	4.08	0.00	159.18
OKLAHOMA	14.29	32.14	0.00	0.00	0.00
OREGON	25.00	59.38	0.00	3.13	3.13
PENNSYLVANIA	166.00	170.00	0.00	24.00	0.00
PUERTO RICO	0.00	100.00	0.00	0.00	0.00
RHODE ISLAND	36.36	36.36	9.09	0.00	54.55
SOUTH CAROLINA	30.77	23.08	0.00	7.69	7.69
SOUTH DAKOTA	0.00	100.00	0.00	0.00	.
TENNESSEE	60.47	39.53	20.93	4.65	20.93
TEXAS	60.15	38.70	0.77	6.51	0.00
UTAH	38.64	56.82	15.91	15.91	0.00
VERMONT	77.78	22.22	0.00	0.00	0.00
VIRGINIA	48.08	38.46	7.69	3.85	3.85
WASHINGTON	128.33	93.33	43.33	13.33	6.67
WEST VIRGINIA	166.67	100.00	66.67	33.33	0.00
WISCONSIN	54.12	67.06	21.18	1.18	2.35
WYOMING	50.00	200.00	100.00	50.00	150.00
AMERICAN SAMOA	0.00	0.00	0.00	0.00	0.00
GUAM	38.73	32.37	16.76	0.00	2.89
NORTHERN MARIANAS	88.57	51.43	11.43	5.71	28.57
PALAU	.	.	.	.	.
VIRGIN ISLANDS	0.00	0.00	0.00	0.00	0.00
BUR. OF INDIAN AFFAIRS	.	.	.	.	.
U.S. AND OUTLYING AREAS	33.26	28.13	10.90	4.12	7.09
50 STATES, D.C. & P.R.	33.03	28.07	10.81	4.27	7.14

Please see data notes for an explanation of individual State differences.
Percentages are based on counts of infants and toddlers with disabilities for whom race/ethnicity were provided. As an example of how the table should read: 33.33% of ASIAN/PACIFIC ISLANDER infants and toddlers with disabilities served in ALABAMA received FAMILY TRAINING services.
Data based on the December 1, 1998 count, updated as of September 25, 2000.
U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

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Table AH10

**Percentage of Infants and Toddlers Birth Through Age 2 by Early Intervention Services
Provided, by Race/Ethnicity, During the 1998-99 School Year**

BLACK

STATE	ASSISTIVE TECHNOLOGY	AUDIOLOGY	FAMILY TRAINING	HEALTH SERVICES	MEDICAL SERVICES	NURSING SERVICES
ALABAMA	1.19	7.03	46.68	1.46	3.18	9.02
ALASKA	0.00	10.00	10.00	3.33	13.33	10.00
ARIZONA	.	.	.	.	.	.
ARKANSAS	2.23	10.12	75.43	1.58	6.70	6.70
CALIFORNIA	0.23	2.48	0.23	6.52	0.00	0.63
COLORADO	3.54	3.54	34.34	21.72	19.19	7.58
CONNECTICUT	0.00	0.80	3.01	0.00	0.00	0.60
DELAWARE	1.72	1.29	5.58	6.87	25.75	12.45
DISTRICT OF COLUMBIA	0.98	4.88	73.17	30.73	15.12	54.15
FLORIDA	13.63	12.76	70.95	0.74	59.09	35.51
GEORGIA	0.00	0.00	0.00	0.00	0.00	0.00
HAWAII	0.00	1.19	47.62	1.19	7.14	30.95
IDAHO	.	.	.	.	.	.
ILLINOIS	1.79	0.90	11.12	0.00	0.99	0.16
INDIANA	10.43	11.97	0.00	0.51	0.68	2.74
IOWA	7.02	10.53	8.77	3.51	3.51	5.26
KANSAS	19.27	14.58	43.23	15.63	6.25	21.35
KENTUCKY	21.00	28.00	124.00	0.00	3.00	5.00
LOUISIANA	2.52	20.88	5.28	11.82	23.77	5.79
MAINE	.	.	.	.	.	.
MARYLAND	0.41	12.25	1.82	2.98	0.91	9.35
MASSACHUSETTS	.	2.59	86.37	86.37	.	7.05
MICHIGAN	1.92	2.30	24.73	40.55	9.83	26.19
MINNESOTA	.	.	.	.	.	.
MISSISSIPPI	2.49	10.61	11.78	0.00	2.12	0.00
MISSOURI	5.35	2.67	33.16	0.00	2.94	0.53
MONTANA	0.00	40.00	100.00	20.00	20.00	0.00
NEBRASKA	0.00	0.00	5.00	20.00	0.00	25.00
NEVADA	13.04	4.35	68.70	2.61	4.35	0.00
NEW HAMPSHIRE	.	.	20.00	.	.	.
NEW JERSEY	0.97	3.97	3.87	0.00	1.29	0.64
NEW MEXICO	0.00	4.00	32.00	4.00	4.00	0.00
NEW YORK	2.76	6.01	19.43	0.00	0.00	0.42
NORTH CAROLINA	.	.	.	.	.	.
NORTH DAKOTA	16.67	50.00	100.00	16.67	33.33	33.33
OHIO	1.32	8.74	13.65	25.75	18.92	18.20
OKLAHOMA	0.39	0.00	1.17	0.00	0.00	2.34
OREGON	3.33	0.00	10.00	0.00	0.00	6.67
PENNSYLVANIA	0.26	5.74	3.88	0.00	0.09	4.68
PUERTO RICO	0.00	0.00	0.00	0.00	0.00	0.00
RHODE ISLAND	0.00	13.89	13.89	0.00	1.39	0.00
SOUTH CAROLINA	1.52	8.33	1.99	2.18	6.72	3.60
SOUTH DAKOTA	0.00	9.09	27.27	0.00	0.00	0.00
TENNESSEE	9.66	36.14	90.70	31.31	33.09	50.45
TEXAS	7.70	5.91	21.10	0.69	1.05	1.74
UTAH	26.92	11.54	69.23	0.00	0.00	26.92
VERMONT	16.67	0.00	16.67	0.00	16.67	0.00
VIRGINIA	2.75	2.75	8.54	0.83	3.86	2.20
WASHINGTON	20.00	6.96	38.26	9.57	7.83	6.09
WEST VIRGINIA	36.67	16.67	6.67	0.00	3.33	10.00
WISCONSIN	0.27	0.27	3.71	0.27	1.19	18.83
WYOMING	28.57	14.29	42.86	28.57	0.00	0.00
AMERICAN SAMOA	0.00	0.00	0.00	0.00	0.00	0.00
GUAM	0.00	6.25	18.75	0.00	0.00	0.00
NORTHERN MARIANAS	0.00	0.00	0.00	0.00	0.00	0.00
PALAU	.	.	.	.	.	.
VIRGIN ISLANDS	1.35	2.70	27.03	4.05	55.41	4.05
BUR. OF INDIAN AFFAIRS	.	.	.	.	.	.
U.S. AND OUTLYING AREAS	3.68	6.78	23.44	7.43	10.25	9.64
50 STATES, D.C. & P.R.	3.69	6.79	23.44	7.44	10.14	9.66

Please see data notes for an explanation of individual State differences.

Percentages are based on counts of infants and toddlers with disabilities for whom race/ethnicity were provided. As an example of how the table should read: 46.68% of BLACK infants and toddlers with disabilities served in ALABAMA received FAMILY TRAINING services.

Data based on the December 1, 1998 count, updated as of September 25, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH10

**Percentage of Infants and Toddlers Birth Through Age 2 by Early Intervention Services
Provided, by Race/Ethnicity, During the 1998-99 School Year**

STATE	BLACK					
	NUTRITION SERVICES	OCCUPATIONAL THERAPY	PHYSICAL THERAPY	PSYCHOLOGICAL SERVICES	RESPIRE CARE	SOCIAL WORK SERVICES
ALABAMA	2.12	46.02	54.11	8.22	0.00	7.16
ALASKA	10.00	23.33	20.00	0.00	0.00	3.33
ARIZONA	.	.	.	.	.	.
ARKANSAS	5.12	37.45	36.93	7.49	0.00	12.48
CALIFORNIA	0.06	3.46	3.29	0.98	4.79	0.46
COLORADO	7.58	22.22	22.22	1.52	16.16	8.08
CONNECTICUT	0.00	15.63	22.44	0.20	0.00	5.01
DELAWARE	22.32	30.90	31.33	3.43	0.00	13.73
DISTRICT OF COLUMBIA	30.24	55.12	53.66	33.66	1.46	71.22
FLORIDA	0.00	35.89	38.10	20.63	0.00	229.59
GEORGIA	0.00	0.15	0.07	0.00	0.00	0.00
HAWAII	8.33	29.76	23.81	1.19	4.76	27.38
IDAH0	.	.	.	.	.	.
ILLINOIS	1.35	14.35	18.74	0.18	0.00	0.81
INDIANA	1.71	63.76	68.21	1.71	0.00	1.88
IOWA	1.75	14.04	26.32	1.75	1.75	8.77
KANSAS	13.54	38.54	38.02	14.06	8.33	33.85
KENTUCKY	5.00	93.00	103.00	3.00	21.00	2.00
LOUISIANA	9.31	27.55	29.18	0.25	0.13	2.39
MAINE	.	.	.	.	.	.
MARYLAND	0.66	27.73	44.95	1.08	0.08	1.82
MASSACHUSETTS	1.76	8.81	7.99	5.41	.	10.93
MICHIGAN	13.98	22.73	19.97	8.22	4.07	30.11
MINNESOTA	.	.	.	.	.	.
MISSISSIPPI	1.17	2.49	2.27	0.37	6.44	3.15
MISSOURI	4.01	42.78	55.88	0.53	0.00	2.41
MONTANA	40.00	40.00	40.00	0.00	60.00	60.00
NEBRASKA	18.33	93.33	65.00	10.00	11.67	0.00
NEVADA	6.09	11.30	27.83	5.22	0.00	2.61
NEW HAMPSHIRE	.	50.00	20.00	.	.	.
NEW JERSEY	1.40	18.80	30.08	0.21	0.21	10.31
NEW MEXICO	8.00	24.00	40.00	0.00	8.00	0.00
NEW YORK	0.71	37.60	43.18	1.84	7.00	9.26
NORTH CAROLINA	.	.	.	.	.	.
NORTH DAKOTA	66.67	66.67	0.00	16.67	50.00	0.00
OHIO	22.28	34.97	29.22	2.04	7.43	31.26
OKLAHOMA	0.00	18.75	14.84	0.00	0.00	0.00
OREGON	3.33	26.67	46.67	0.00	0.00	0.00
PENNSYLVANIA	2.03	56.75	58.96	3.09	0.00	7.59
PUERTO RICO	0.00	0.00	0.00	0.00	0.00	0.00
RHODE ISLAND	19.44	22.22	30.56	0.00	.	1.39
SOUTH CAROLINA	38.16	24.05	29.55	2.94	0.19	2.18
SOUTH DAKOTA	0.00	36.36	63.64	0.00	.	0.00
TENNESSEE	37.75	43.65	47.76	4.65	1.25	62.08
TEXAS	8.12	31.86	21.57	1.42	0.37	6.75
UTAH	0.00	30.77	42.31	0.00	0.00	0.00
VERMONT	0.00	50.00	66.67	0.00	16.67	0.00
VIRGINIA	1.93	26.86	44.63	0.55	8.82	3.99
WASHINGTON	18.26	58.26	39.13	16.52	1.74	38.26
WEST VIRGINIA	30.00	70.00	153.33	10.00	3.33	23.33
WISCONSIN	0.27	48.14	38.99	1.72	.	48.28
WYOMING	0.00	42.86	57.14	0.00	28.57	0.00
AMERICAN SAMOA	0.00	0.00	0.00	0.00	0.00	0.00
GUAM	0.00	0.00	18.75	0.00	0.00	0.00
NORTHERN MARIANAS	0.00	0.00	0.00	0.00	0.00	0.00
PALAU	.	.	.	.	.	.
VIRGIN ISLANDS	5.41	41.89	67.57	0.00	0.00	10.81
BUR. OF INDIAN AFFAIRS	.	.	.	.	.	.
U.S. AND OUTLYING AREAS	5.63	25.83	27.89	4.42	1.93	33.34
50 STATES, D.C. & P.R.	5.64	25.80	27.79	4.43	1.94	33.41

Please see data notes for an explanation of individual State differences.
Percentages are based on counts of infants and toddlers with disabilities for whom race/ethnicity were provided. As an example of how the table should read: 46.68% of BLACK infants and toddlers with disabilities served in ALABAMA received FAMILY TRAINING services.
Data based on the December 1, 1998 count, updated as of September 25, 2000.
U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

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Table AH10

Percentage of Infants and Toddlers Birth Through Age 2 by Early Intervention Services
Provided, by Race/Ethnicity, During the 1998-99 School Year

STATE	BLACK				
	SPECIAL INSTRUCTION	SPEECH LANGUAGE	TRANSPORTATION	VISION SERVICES	OTHER
ALABAMA	51.19	84.35	17.90	7.96	100.66
ALASKA	106.67	16.67	0.00	0.00	0.00
ARIZONA	.	.	.	.	.
ARKANSAS	75.43	53.35	33.77	7.23	21.81
CALIFORNIA	41.70	16.15	8.54	1.36	6.52
COLORADO	31.82	19.19	6.57	4.04	16.67
CONNECTICUT	51.50	25.25	2.00	0.60	3.21
DELAWARE	43.35	34.33	8.15	12.45	80.69
DISTRICT OF COLUMBIA	30.73	64.39	17.07	4.39	.
FLORIDA	0.00	58.16	26.49	14.24	119.61
GEORGIA	0.22	0.36	0.00	0.00	0.00
HAWAII	20.24	35.71	16.67	4.76	0.00
IDAHO	.	.	.	.	.
ILLINOIS	12.91	18.39	1.97	0.81	0.63
INDIANA	94.53	76.24	33.85	1.20	0.34
IOWA	78.95	14.04	14.04	5.26	10.53
KANSAS	51.04	58.33	20.83	14.06	0.52
KENTUCKY	273.00	152.00	11.00	9.00	100.00
LOUISIANA	77.23	24.53	1.89	18.11	37.74
MAINE	.	.	.	.	.
MARYLAND	50.08	41.14	17.96	3.64	0.17
MASSACHUSETTS	19.86	12.93	22.44	5.17	.
MICHIGAN	21.89	15.67	10.98	2.30	26.27
MINNESOTA	.	.	.	.	.
MISSISSIPPI	27.80	19.68	0.44	0.51	0.07
MISSOURI	38.50	54.81	5.88	2.41	1.87
MONTANA	20.00	20.00	0.00	0.00	100.00
NEBRASKA	0.00	70.00	20.00	1.67	11.67
NEVADA	85.22	38.26	0.00	1.74	85.22
NEW HAMPSHIRE	20.00	40.00	.	.	30.00
NEW JERSEY	71.32	32.01	2.47	4.73	1.29
NEW MEXICO	40.00	44.00	0.00	4.00	80.00
NEW YORK	66.50	72.93	38.23	2.05	0.00
NORTH CAROLINA	.	.	.	.	.
NORTH DAKOTA	33.33	66.67	16.67	33.33	0.00
OHIO	42.87	46.47	20.36	4.19	283.47
OKLAHOMA	26.17	30.47	0.00	0.39	5.47
OREGON	13.33	46.67	3.33	3.33	0.00
PENNSYLVANIA	83.58	58.78	0.35	5.30	0.00
PUERTO RICO	0.00	0.00	0.00	0.00	0.00
RHODE ISLAND	56.94	40.28	18.06	1.39	33.33
SOUTH CAROLINA	55.87	31.53	1.14	9.94	14.58
SOUTH DAKOTA	90.91	72.73	18.18	0.00	.
TENNESSEE	101.07	64.94	46.69	20.57	12.52
TEXAS	73.31	37.34	1.37	5.01	0.47
UTAH	34.62	26.92	23.08	7.69	0.00
VERMONT	50.00	66.67	0.00	16.67	0.00
VIRGINIA	44.21	35.81	7.30	3.31	2.75
WASHINGTON	94.78	71.30	20.87	3.48	4.35
WEST VIRGINIA	256.67	136.67	43.33	10.00	0.00
WISCONSIN	77.59	77.98	53.18	1.86	1.33
WYOMING	71.43	71.43	14.29	0.00	0.00
AMERICAN SAMOA	0.00	0.00	0.00	0.00	0.00
GUAM	0.00	18.75	0.00	0.00	0.00
NORTHERN MARIANAS	0.00	0.00	0.00	0.00	0.00
PALAU	.	.	.	.	.
VIRGIN ISLANDS	35.14	39.19	0.00	6.76	0.00
BUR. OF INDIAN AFFAIRS	.	.	.	.	.
U.S. AND OUTLYING AREAS	42.10	37.49	13.28	5.17	29.31
50 STATES, D.C. & P.R.	42.14	37.50	13.32	5.17	29.40

Please see data notes for an explanation of individual State differences.

Percentages are based on counts of infants and toddlers with disabilities for whom race/ethnicity were provided. As an example of how the table should read: 46.68% of BLACK infants and toddlers with disabilities served in ALABAMA received FAMILY TRAINING services.

Data based on the December 1, 1998 count, updated as of September 25, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH10

**Percentage of Infants and Toddlers Birth Through Age 2 by Early Intervention Services
Provided, by Race/Ethnicity, During the 1998-99 School Year**

STATE	HISPANIC					
	ASSISTIVE TECHNOLOGY	AUDIOLOGY	FAMILY TRAINING	HEALTH SERVICES	MEDICAL SERVICES	NURSING SERVICES
ALABAMA	0.00	6.90	44.83	10.34	6.90	31.03
ALASKA	0.00	12.50	0.00	8.33	29.17	4.17
ARIZONA	.	.	.	.	.	.
ARKANSAS	0.00	8.33	88.33	1.67	10.00	10.00
CALIFORNIA	0.50	2.34	1.15	6.71	0.03	0.44
COLORADO	11.56	11.81	28.64	16.83	20.23	8.29
CONNECTICUT	0.00	0.52	5.20	0.00	0.00	0.35
DELAWARE	1.35	9.46	8.11	14.86	35.14	13.51
DISTRICT OF COLUMBIA	2.70	5.41	100.00	0.00	43.24	24.32
FLORIDA	12.16	11.37	63.40	1.15	57.83	31.82
GEORGIA	0.00	0.00	0.46	0.00	0.00	0.00
HAWAII	3.80	6.33	51.90	2.53	6.23	25.32
IDAHO	.	.	.	.	.	.
ILLINOIS	0.15	0.31	2.78	0.00	0.15	0.00
INDIANA	7.86	7.14	0.71	0.00	0.71	2.14
IOWA	6.98	13.95	4.65	11.63	9.30	9.30
KANSAS	10.71	11.16	33.48	4.91	3.13	5.80
KENTUCKY	4.00	5.00	23.00	0.00	1.00	1.00
LOUISIANA	0.00	13.64	4.55	9.09	18.18	0.00
MAINE	.	.	.	.	.	.
MARYLAND	0.00	13.08	13.08	0.00	0.00	1.54
MASSACHUSETTS	.	2.55	85.27	85.27	.	6.90
MICHIGAN	2.67	1.78	28.44	24.00	7.56	21.33
MINNESOTA	.	.	.	.	.	.
MISSISSIPPI	25.00	100.00	75.00	0.00	25.00	0.00
MISSOURI	3.13	6.25	56.25	0.00	3.13	0.00
MONTANA	36.84	31.58	100.00	26.32	15.79	10.53
NEBRASKA	0.00	2.13	6.38	25.53	0.00	8.51
NEVADA	11.02	7.76	81.22	2.86	5.71	0.00
NEW HAMPSHIRE	.	.	47.06	.	.	5.88
NEW JERSEY	1.93	4.03	4.19	0.00	1.45	2.25
NEW MEXICO	0.55	5.73	10.72	0.00	0.37	1.29
NEW YORK	1.51	3.52	20.44	0.00	0.00	0.20
NORTH CAROLINA	.	.	.	.	.	.
NORTH DAKOTA	14.29	28.57	85.71	14.29	42.86	28.57
OHIO	5.79	12.40	10.74	20.66	28.10	35.54
OKLAHOMA	0.00	0.00	1.10	0.00	0.00	5.49
OREGON	7.46	5.47	32.84	1.99	3.98	7.96
PENNSYLVANIA	2.96	4.44	5.33	0.00	0.00	6.21
PUERTO RICO	9.19	48.21	26.55	24.28	91.05	91.05
RHODE ISLAND	0.00	13.04	10.56	0.00	0.00	1.24
SOUTH CAROLINA	2.70	13.51	13.51	0.00	8.11	2.70
SOUTH DAKOTA	0.00	25.00	25.00	0.00	0.00	0.00
TENNESSEE	2.74	15.07	56.16	8.22	17.81	20.55
TEXAS	7.39	5.30	24.33	1.17	1.26	1.42
UTAH	43.24	6.76	71.62	0.00	0.00	27.70
VERMONT	12.50	0.00	12.50	0.00	12.50	0.00
VIRGINIA	2.74	2.05	7.53	0.68	3.42	2.05
WASHINGTON	3.98	13.35	41.19	18.47	22.16	17.05
WEST VIRGINIA	0.00	0.00	100.00	100.00	0.00	0.00
WISCONSIN	0.48	0.00	7.66	0.00	0.00	12.92
WYOMING	5.71	8.57	45.71	22.86	20.00	14.29
AMERICAN SAMOA	0.00	0.00	0.00	0.00	0.00	0.00
GUAM	0.00	0.00	6.67	0.00	0.00	0.00
NORTHERN MARIANAS	0.00	0.00	0.00	0.00	0.00	0.00
PALAU	.	.	.	.	.	.
VIRGIN ISLANDS	7.14	21.43	57.14	0.00	35.71	21.43
BUR. OF INDIAN AFFAIRS	.	.	.	.	.	.
U.S. AND OUTLYING AREAS	4.44	8.84	23.33	11.45	14.24	13.33
50 STATES, D.C. & P.R.	4.44	8.84	23.33	11.46	14.24	13.34

Please see data notes for an explanation of individual State differences.

Percentages are based on counts of infants and toddlers with disabilities for whom race/ethnicity were provided. As an example of how the table should read: 44.83% of HISPANIC infants and toddlers with disabilities served in ALABAMA received FAMILY TRAINING services.

Data based on the December 1, 1998 count, updated as of September 25, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH10

**Percentage of Infants and Toddlers Birth Through Age 2 by Early Intervention Services
Provided, by Race/Ethnicity, During the 1998-99 School Year**

HISPANIC

STATE	NUTRITION SERVICES	OCCUPATIONAL THERAPY	PHYSICAL THERAPY	PSYCHOLOGICAL SERVICES	RESPIRE CARE	SOCIAL WORK SERVICES
ALABAMA	3.45	62.07	93.10	0.00	0.00	10.34
ALASKA	8.33	37.50	45.83	0.00	0.00	0.00
ARIZONA	.	.	.	.	.	.
ARKANSAS	3.33	40.00	40.00	13.33	3.33	20.00
CALIFORNIA	0.03	6.78	3.87	1.83	8.73	0.41
COLORADO	13.19	24.25	23.62	1.35	13.94	7.04
CONNECTICUT	0.17	14.73	21.14	0.17	0.00	3.81
DELAWARE	22.97	31.08	32.43	0.00	0.00	8.11
DISTRICT OF COLUMBIA	35.14	75.68	56.76	0.00	0.00	24.32
FLORIDA	0.00	32.79	34.06	18.39	0.00	205.08
GEORGIA	0.00	0.46	1.85	0.00	0.00	0.00
HAWAII	8.86	20.25	26.58	6.33	12.66	37.97
IDAHO	.	.	.	.	.	.
ILLINOIS	0.00	2.01	0.15	0.00	0.00	0.15
INDIANA	3.57	49.29	52.14	0.71	0.00	0.00
IOWA	2.33	23.26	32.56	2.33	0.00	6.98
KANSAS	13.39	20.98	41.07	6.25	8.04	13.39
KENTUCKY	1.00	17.00	19.00	1.00	4.00	0.00
LOUISIANA	9.09	36.36	36.36	0.00	0.00	9.09
MAINE	.	.	.	.	.	.
MARYLAND	0.77	13.08	53.08	0.00	0.00	0.00
MASSACHUSETTS	1.66	8.70	7.83	5.27	.	10.76
MICHIGAN	12.00	26.22	26.67	1.78	6.67	33.78
MINNESOTA	.	.	.	.	.	.
MISSISSIPPI	0.00	25.00	25.00	0.00	50.00	25.00
MISSOURI	0.00	40.63	3.13	0.00	0.00	3.13
MONTANA	21.05	10.53	10.53	5.26	5.26	26.32
NEBRASKA	25.53	74.47	59.57	14.89	12.77	0.00
NEVADA	16.33	22.45	29.80	4.90	0.82	7.76
NEW HAMPSHIRE	5.88	41.18	41.18	.	.	5.88
NEW JERSEY	1.93	17.23	31.40	0.48	0.16	9.34
NEW MEXICO	5.55	36.97	28.84	0.74	6.84	0.92
NEW YORK	0.20	29.71	38.87	3.32	4.73	8.46
NORTH CAROLINA	.	.	.	.	.	.
NORTH DAKOTA	42.86	42.86	28.57	0.00	57.14	0.00
OHIO	40.50	39.67	37.19	4.13	13.22	23.97
OKLAHOMA	0.00	18.68	24.18	2.20	0.00	1.10
OREGON	1.99	37.31	43.78	0.00	0.00	2.49
PENNSYLVANIA	1.78	54.44	68.34	3.55	0.00	5.33
PUERTO RICO	30.64	54.46	49.25	33.04	0.00	72.29
RHODE ISLAND	9.32	12.42	15.53	1.24	.	0.62
SOUTH CAROLINA	35.14	37.84	54.05	5.41	0.00	0.00
SOUTH DAKOTA	0.00	25.00	50.00	0.00	.	0.00
TENNESSEE	17.81	16.44	23.29	5.48	0.00	26.03
TEXAS	9.76	30.60	27.69	0.57	0.50	5.93
UTAH	0.00	36.49	29.05	0.00	0.00	0.00
VERMONT	25.00	37.50	87.50	0.00	25.00	0.00
VIRGINIA	2.05	20.55	41.10	1.37	8.22	3.42
WASHINGTON	34.38	40.34	20.45	4.55	2.56	12.50
WEST VIRGINIA	100.00	200.00	400.00	100.00	0.00	0.00
WISCONSIN	0.00	46.89	43.54	0.96	.	30.14
WYOMING	20.00	28.57	28.57	0.00	11.43	0.00
AMERICAN SAMOA	0.00	0.00	0.00	0.00	0.00	0.00
GUAM	0.00	0.00	0.00	0.00	0.00	0.00
NORTHERN MARIANAS	0.00	0.00	0.00	0.00	0.00	0.00
PALAU	.	.	.	.	.	.
VIRGIN ISLANDS	0.00	42.86	28.57	0.00	0.00	0.00
BUR. OF INDIAN AFFAIRS	.	.	.	.	.	.
U.S. AND OUTLYING AREAS	7.03	23.17	22.52	5.81	3.35	23.84
50 STATES, D.C. & P.R.	7.04	23.17	22.53	5.81	3.35	23.87

Please see data notes for an explanation of individual State differences.
Percentages are based on counts of infants and toddlers with disabilities for whom race/ethnicity were provided. As an example of how the table should read: 44.83% of HISPANIC infants and toddlers with disabilities served in ALABAMA received FAMILY TRAINING services.
Data based on the December 1, 1998 count, updated as of September 25, 2000.
U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH10

Percentage of Infants and Toddlers Birth Through Age 2 by Early Intervention Services
Provided, by Race/Ethnicity, During the 1998-99 School Year

STATE	HISPANIC				
	SPECIAL INSTRUCTION	SPEECH LANGUAGE	TRANSPORTATION	VISION SERVICES	OTHER
ALABAMA	37.93	93.10	13.79	3.45	124.14
ALASKA	116.67	16.67	0.00	0.00	0.00
ARIZONA	.	.	.	.	.
ARKANSAS	88.33	50.00	36.67	5.00	36.67
CALIFORNIA	44.41	7.38	5.72	1.86	6.86
COLORADO	44.47	19.35	12.69	8.79	25.25
CONNECTICUT	54.07	31.37	1.73	0.87	12.82
DELAWARE	31.08	43.24	13.51	10.81	83.78
DISTRICT OF COLUMBIA	18.92	70.27	35.14	29.73	.
FLORIDA	0.00	51.97	23.65	12.70	106.90
GEORGIA	1.39	3.24	0.00	1.39	0.00
HAWAII	13.92	21.52	12.66	5.06	1.27
IDAHO	.	.	.	.	.
ILLINOIS	1.39	2.01	0.62	0.46	0.00
INDIANA	66.43	57.14	15.00	1.43	8.57
IOWA	109.30	25.58	2.33	11.63	18.60
KANSAS	66.96	42.41	13.39	6.70	20.98
KENTUCKY	51.00	28.00	2.00	2.00	19.00
LOUISIANA	77.27	27.27	4.55	9.09	36.36
MAINE	.	.	.	.	.
MARYLAND	65.38	46.15	4.62	5.38	0.77
MASSACHUSETTS	19.62	12.77	22.12	5.11	.
MICHIGAN	30.22	21.33	8.44	3.11	24.89
MINNESOTA	.	.	.	.	.
MISSISSIPPI	225.00	175.00	0.00	0.00	0.00
MISSOURI	28.13	40.63	12.50	9.38	0.00
MONTANA	26.32	21.05	0.00	21.05	100.00
NEBRASKA	0.00	85.11	6.38	2.13	5.38
NEVADA	85.31	28.16	0.82	2.04	85.31
NEW HAMPSHIRE	29.41	41.18	.	.	52.94
NEW JERSEY	68.76	27.70	2.74	6.44	7.09
NEW MEXICO	67.10	43.99	1.29	0.92	75.05
NEW YORK	67.27	71.10	32.53	1.01	0.00
NORTH CAROLINA	.	.	.	.	.
NORTH DAKOTA	28.57	85.71	42.86	14.29	14.29
OHIO	60.33	52.89	22.31	6.61	342.15
OKLAHOMA	17.58	28.57	0.00	0.00	1.10
OREGON	18.91	47.76	19.40	3.98	15.42
PENNSYLVANIA	85.50	84.62	1.48	5.33	0.00
PUERTO RICO	52.41	45.85	19.84	12.70	0.00
RHODE ISLAND	45.96	16.15	37.89	0.00	65.84
SOUTH CAROLINA	51.35	43.24	2.70	21.62	18.92
SOUTH DAKOTA	100.00	100.00	75.00	0.00	.
TENNESSEE	58.90	31.51	24.66	5.48	23.29
TEXAS	69.53	49.03	1.53	3.96	1.55
UTAH	38.51	30.41	29.05	9.46	0.00
VERMONT	62.50	25.00	0.00	0.00	0.00
VIRGINIA	40.41	32.88	6.85	2.74	2.74
WASHINGTON	65.34	49.43	36.65	5.40	21.31
WEST VIRGINIA	700.00	200.00	300.00	0.00	0.00
WISCONSIN	60.29	79.90	29.19	1.91	1.91
WYOMING	45.71	42.86	8.57	0.00	0.00
AMERICAN SAMOA	0.00	0.00	0.00	0.00	0.00
GUAM	0.00	0.00	0.00	0.00	0.00
NORTHERN MARIANAS	0.00	0.00	0.00	0.00	0.00
PALAU	.	.	.	.	.
VIRGIN ISLANDS	35.71	50.00	0.00	0.00	0.00
BUR. OF INDIAN AFFAIRS	.	.	.	.	.
U.S. AND OUTLYING AREAS	45.91	31.29	10.60	4.71	15.61
50 STATES, D.C. & P.R.	45.94	31.30	10.61	4.72	15.62

Please see data notes for an explanation of individual State differences.
Percentages are based on counts of infants and toddlers with disabilities for whom race/ethnicity were provided. As an example of how the table should read: 44.83% of HISPANIC infants and toddlers with disabilities served in ALABAMA received FAMILY TRAINING services.
Data based on the December 1, 1998 count, updated as of September 25, 2000.
U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH10

**Percentage of Infants and Toddlers Birth Through Age 2 by Early Intervention Services
Provided, by Race/Ethnicity, During the 1998-99 School Year**

STATE	WHITE					
	ASSISTIVE TECHNOLOGY	AUDIOLOGY	FAMILY TRAINING	HEALTH SERVICES	MEDICAL SERVICES	NURSING SERVICES
ALABAMA	5.93	12.30	40.02	5.29	9.28	15.64
ALASKA	0.00	12.61	0.84	12.18	29.83	8.82
ARIZONA	.	.	.	.	.	.
ARKANSAS	1.78	6.95	80.93	1.78	4.24	4.24
CALIFORNIA	0.34	2.15	0.57	8.68	0.06	1.29
COLORADO	9.30	9.15	27.79	15.19	20.99	5.80
CONNECTICUT	0.04	1.02	0.93	0.00	0.00	0.58
DELAWARE	2.39	1.52	8.04	5.00	28.26	10.87
DISTRICT OF COLUMBIA	0.00	0.00	0.00	0.00	0.00	0.00
FLORIDA	12.54	11.76	65.37	0.19	50.86	32.02
GEORGIA	0.00	0.05	0.05	0.00	0.00	0.00
HAWAII	5.71	9.01	45.95	1.80	12.01	22.22
IDAHO	.	.	.	.	.	.
ILLINOIS	8.52	3.03	22.42	0.43	3.39	1.60
INDIANA	9.89	10.85	0.15	0.21	0.23	0.88
IOWA	8.18	12.44	6.87	5.21	5.09	8.29
KANSAS	17.43	22.02	37.47	8.47	7.34	8.26
KENTUCKY	224.00	308.00	1341.0	0.00	30.00	57.00
LOUISIANA	2.43	19.77	5.78	11.91	21.04	3.58
MAINE	.	.	.	.	.	.
MARYLAND	0.44	20.13	5.40	2.14	0.19	12.25
MASSACHUSETTS	.	2.60	86.79	86.79	.	7.02
MICHIGAN	1.77	4.71	29.31	23.14	7.49	20.24
MINNESOTA	.	.	.	.	.	.
MISSISSIPPI	3.92	17.19	19.00	0.00	3.32	0.00
MISSOURI	12.51	4.45	32.93	0.64	4.98	2.34
MONTANA	14.79	26.76	100.00	16.67	26.06	4.23
NEBRASKA	1.00	6.74	6.17	19.80	0.29	9.76
NEVADA	10.03	8.15	76.96	4.08	8.31	0.00
NEW HAMPSHIRE	.	.	32.58	.	.	1.90
NEW JERSEY	1.63	3.27	7.09	0.19	1.74	1.45
NEW MEXICO	0.26	3.86	22.11	0.51	0.26	0.51
NEW YORK	2.85	7.46	16.40	0.00	0.00	0.78
NORTH CAROLINA	.	.	.	.	.	.
NORTH DAKOTA	18.14	21.52	75.53	9.28	13.92	13.08
OHIO	2.62	10.17	10.91	18.87	22.30	19.30
OKLAHOMA	0.00	0.13	0.51	0.00	0.00	2.83
OREGON	1.73	5.81	29.34	1.21	3.32	5.28
PENNSYLVANIA	0.59	4.01	0.73	0.02	0.10	1.89
PUERTO RICO	0.00	0.00	0.00	0.00	0.00	0.00
RHODE ISLAND	0.14	5.69	28.59	0.27	0.00	1.36
SOUTH CAROLINA	2.12	9.21	4.88	2.03	8.56	1.75
SOUTH DAKOTA	2.23	2.72	8.42	0.25	0.25	0.00
TENNESSEE	5.61	10.76	49.19	5.36	13.27	17.56
TEXAS	9.73	5.53	20.23	0.80	1.19	1.21
UTAH	0.00	10.44	58.78	0.00	0.00	25.73
VERMONT	1.99	8.81	12.78	0.00	7.95	3.41
VIRGINIA	2.85	2.56	8.42	0.81	3.95	2.32
WASHINGTON	9.64	10.46	34.38	10.33	8.95	8.08
WEST VIRGINIA	3.75	3.21	6.24	0.48	1.61	4.93
WISCONSIN	3.47	4.84	15.25	0.63	1.82	4.03
WYOMING	3.65	7.60	40.73	22.80	13.07	8.81
AMERICAN SAMOA	0.00	0.00	0.00	0.00	0.00	0.00
GUAM	0.00	30.00	65.00	0.00	0.00	0.00
NORTHERN MARIANAS	0.00	100.00	100.00	0.00	0.00	0.00
PALAU	.	.	.	.	.	.
VIRGIN ISLANDS	0.00	0.00	0.00	0.00	33.33	0.00
BUR. OF INDIAN AFFAIRS	.	.	.	.	.	.
U.S. AND OUTLYING AREAS	4.46	6.75	25.74	9.54	7.19	7.19
50 STATES, D.C. & P.R.	4.46	6.74	25.73	9.54	7.19	7.19

Please see data notes for an explanation of individual State differences.

Percentages are based on counts of infants and toddlers with disabilities for whom race/ethnicity were provided. As an example of how the table should read: 40.02% of WHITE infants and toddlers with disabilities served in ALABAMA received FAMILY TRAINING services.

Data based on the December 1, 1998 count, updated as of September 25, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH10

**Percentage of Infants and Toddlers Birth Through Age 2 by Early Intervention Services
Provided, by Race/Ethnicity, During the 1998-99 School Year**

	WHITE					
STATE	NUTRITION SERVICES	OCCUPATIONAL THERAPY	PHYSICAL THERAPY	PSYCHOLOGICAL SERVICES	RESPIRE CARE	SOCIAL WORK SERVICES
ALABAMA	4.85	70.66	76.70	2.27	0.00	9.06
ALASKA	13.45	23.11	34.87	0.84	7.98	5.88
ARIZONA	.	.	.	.	.	.
ARKANSAS	5.25	38.98	40.17	7.30	0.85	8.22
CALIFORNIA	0.13	8.15	5.80	1.24	7.14	0.49
COLORADO	10.64	24.25	25.87	1.87	13.22	5.08
CONNECTICUT	0.18	22.24	28.36	0.27	0.00	3.68
DELAWARE	10.65	29.35	32.17	2.83	0.22	9.78
DISTRICT OF COLUMBIA	0.00	100.00	20.00	0.00	20.00	0.00
FLORIDA	0.00	31.42	35.08	18.96	0.00	211.50
GEORGIA	0.00	0.63	1.77	0.00	0.00	0.00
HAWAII	15.92	35.74	29.73	6.91	8.71	41.44
IDAHO	.	.	.	.	.	.
ILLINOIS	1.86	19.56	22.46	0.43	0.00	0.63
INDIANA	1.56	41.90	49.85	1.07	0.00	0.72
IOWA	5.81	41.11	46.45	6.87	3.67	11.26
KANSAS	14.89	43.47	43.54	5.43	6.99	21.67
KENTUCKY	59.00	1012.0	1111.0	33.00	231.00	24.00
LOUISIANA	8.44	32.83	32.72	0.35	1.50	2.08
MAINE	.	.	.	.	.	.
MARYLAND	0.10	26.79	38.69	1.85	0.00	1.51
MASSACHUSETTS	1.74	8.85	7.98	5.39	.	10.93
MICHIGAN	9.93	30.77	27.07	3.86	6.05	24.51
MINNESOTA	.	.	.	.	.	.
MISSISSIPPI	1.81	4.07	3.62	0.60	10.41	5.13
MISSOURI	2.74	28.72	32.96	0.64	0.00	0.93
MONTANA	16.67	26.53	29.58	5.63	34.74	8.22
NEBRASKA	17.65	52.65	53.80	11.19	14.63	0.00
NEVADA	15.52	25.08	27.74	8.93	0.63	7.84
NEW HAMPSHIRE	1.31	41.14	32.94	0.24	.	3.33
NEW JERSEY	2.71	22.08	35.40	0.93	0.85	8.61
NEW MEXICO	7.71	36.76	32.90	0.26	8.74	1.03
NEW YORK	1.59	29.65	36.32	1.41	8.48	5.66
NORTH CAROLINA	.	.	.	.	.	.
NORTH DAKOTA	17.72	51.05	24.89	10.13	19.83	13.92
OHIO	18.38	37.12	39.56	1.93	7.78	13.22
OKLAHOMA	0.19	14.13	23.12	1.67	0.00	0.06
OREGON	1.06	38.01	42.76	0.23	0.08	1.36
PENNSYLVANIA	0.96	40.89	50.24	1.95	0.00	3.13
PUERTO RICO	0.00	0.00	0.00	0.00	0.00	0.00
RHODE ISLAND	13.14	26.02	27.91	1.49	.	0.41
SOUTH CAROLINA	30.39	31.77	42.17	2.39	0.00	1.75
SOUTH DAKOTA	1.49	43.32	52.23	0.25	.	0.00
TENNESSEE	12.71	18.24	27.51	3.53	0.38	25.21
TEXAS	8.44	31.19	24.65	1.57	0.69	6.68
UTAH	0.00	36.17	32.38	0.47	0.00	3.13
VERMONT	12.22	23.01	37.50	1.99	10.51	3.13
VIRGINIA	1.92	26.71	44.37	0.56	8.77	4.01
WASHINGTON	14.40	38.82	34.31	5.57	4.01	15.47
WEST VIRGINIA	9.33	31.33	53.98	5.89	1.07	9.39
WISCONSIN	2.28	47.63	43.92	0.70	.	11.57
WYOMING	13.68	39.21	36.78	6.69	4.26	9.12
AMERICAN SAMOA	0.00	0.00	0.00	0.00	0.00	0.00
GUAM	0.00	15.00	20.00	30.00	0.00	0.00
NORTHERN MARIANAS	0.00	100.00	100.00	0.00	0.00	100.00
PALAU	.	.	.	.	.	.
VIRGIN ISLANDS	0.00	66.67	66.67	0.00	0.00	66.67
BUR. OF INDIAN AFFAIRS	.	.	.	.	.	.
U.S. AND OUTLYING AREAS	4.68	27.45	30.56	3.34	2.99	20.75
50 STATES, D.C. & P.R.	4.68	27.45	30.56	3.34	2.99	20.75

 Please see data notes for an explanation of individual State differences.
 Percentages are based on counts of infants and toddlers with disabilities for whom race/ethnicity were provided. As an example of how the table should read: 40.02% of WHITE infants and toddlers with disabilities served in ALABAMA received FAMILY TRAINING services.
 Data based on the December 1, 1998 count, updated as of September 25, 2000.
 U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

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Table AH10

Percentage of Infants and Toddlers Birth Through Age 2 by Early Intervention Services
Provided, by Race/Ethnicity, During the 1998-99 School Year

STATE	WHITE				
	SPECIAL INSTRUCTION	SPEECH LANGUAGE	TRANSPORTATION	VISION SERVICES	OTHER
ALABAMA	48.33	89.97	12.08	10.68	107.44
ALASKA	83.61	26.89	0.84	5.46	0.00
ARIZONA	.	.	.	.	.
ARKANSAS	60.93	59.32	26.44	6.27	26.10
CALIFORNIA	37.24	17.31	1.22	2.51	8.36
COLORADO	49.59	25.20	7.00	6.09	25.25
CONNECTICUT	47.94	45.02	0.27	0.84	3.54
DELAWARE	44.57	44.13	5.87	10.43	71.30
DISTRICT OF COLUMBIA	80.00	100.00	0.00	0.00	.
FLORIDA	0.00	53.55	24.44	13.13	110.22
GEORGIA	0.73	2.08	0.10	0.52	0.63
HAWAII	21.32	43.54	9.61	12.01	0.60
IDAHO	.	.	.	.	.
ILLINOIS	18.20	29.74	12.08	1.96	1.30
INDIANA	66.95	59.78	12.71	1.26	0.44
IOWA	87.32	39.69	2.37	6.52	19.79
KANSAS	59.84	71.35	9.17	16.23	2.47
KENTUCKY	2955.0	1641.0	118.00	98.00	1086.0
LOUISIANA	78.50	26.71	0.46	18.15	43.12
MAINE	.	.	.	.	.
MARYLAND	57.95	59.75	7.88	4.13	0.19
MASSACHUSETTS	19.96	13.01	22.56	5.21	.
MICHIGAN	35.33	27.82	12.38	3.39	33.12
MINNESOTA	.	.	.	.	.
MISSISSIPPI	45.40	31.83	0.75	0.90	0.15
MISSOURI	26.72	43.67	17.73	2.88	1.91
MONTANA	22.77	41.08	6.57	8.69	100.00
NEBRASKA	0.00	69.73	17.22	1.58	6.89
NEVADA	85.27	41.85	0.47	2.19	85.27
NEW HAMPSHIRE	19.62	52.06	.	0.95	43.40
NEW JERSEY	60.07	48.20	0.41	4.56	2.49
NEW MEXICO	64.52	55.27	1.54	1.29	82.78
NEW YORK	44.48	76.91	16.57	2.11	0.00
NORTH CAROLINA	.	.	.	.	.
NORTH DAKOTA	62.87	50.21	10.97	20.25	5.49
OHIO	36.16	43.45	17.39	4.12	242.16
OKLAHOMA	19.97	35.26	0.00	0.39	1.86
OREGON	26.17	53.85	10.78	3.92	6.64
PENNSYLVANIA	59.97	58.30	0.67	3.68	0.00
PUERTO RICO	0.00	0.00	0.00	0.00	0.00
RHODE ISLAND	47.97	35.50	7.05	1.49	66.40
SOUTH CAROLINA	51.20	38.58	1.38	12.34	17.50
SOUTH DAKOTA	48.51	62.13	25.99	2.97	.
TENNESSEE	53.27	38.39	19.51	5.27	11.27
TEXAS	65.03	48.70	0.93	5.44	0.91
UTAH	41.56	54.32	24.80	8.98	1.20
VERMONT	71.02	50.28	3.98	5.11	0.00
VIRGINIA	43.96	35.66	7.26	3.25	2.73
WASHINGTON	62.87	54.41	20.54	5.07	7.33
WEST VIRGINIA	96.73	53.39	15.99	3.15	0.00
WISCONSIN	62.11	71.92	14.37	2.87	1.09
WYOMING	53.80	54.10	21.58	4.26	6.08
AMERICAN SAMOA	0.00	0.00	0.00	0.00	0.00
GUAM	25.00	40.00	25.00	0.00	0.00
NORTHERN MARIANAS	100.00	100.00	0.00	0.00	0.00
PALAU	.	.	.	.	.
VIRGIN ISLANDS	100.00	33.33	0.00	33.33	0.00
BUR. OF INDIAN AFFAIRS	.	.	.	.	.
U.S. AND OUTLYING AREAS	42.70	43.56	10.64	4.55	25.91
50 STATES, D.C. & P.R.	42.70	43.56	10.64	4.55	25.91

Please see data notes for an explanation of individual State differences.
Percentages are based on counts of infants and toddlers with disabilities for whom race/ethnicity were provided. As an example of how the table should read: 40.02% of WHITE infants and toddlers with disabilities served in ALABAMA received FAMILY TRAINING services.
Data based on the December 1, 1998 count, updated as of September 25, 2000.
U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH11

**Number of Infants and Toddlers with Disabilities and Their Families Served Under
Part C, by Program Settings and Race/Ethnicity in Accordance with Part C,
During the 1998-99 School Year**

AMERICAN INDIAN/ALASKA NATIVE

STATE	DEVELOPMENTAL DELAY PROGRAMS	TYPICALLY DEVELOPING PROGRAMS	HOME	HOSPITAL
ALABAMA	4	0	2	0
ALASKA	11	2	164	1
ARIZONA	.	.	.	.
ARKANSAS	0	0	0	0
CALIFORNIA	0	0	9	0
COLORADO	4	2	9	1
CONNECTICUT	1	2	8	0
DELAWARE	0	0	1	0
DISTRICT OF COLUMBIA	0	0	0	.
FLORIDA	.	.	.	.
GEORGIA	0	0	0	0
HAWAII	3	1	2	1
IDAHO	6	0	5	0
ILLINOIS	1	0	2	0
INDIANA	1	0	1	0
IOWA	0	1	7	0
KANSAS	2	0	12	0
KENTUCKY	.	.	.	.
LOUISIANA	1	0	8	0
MAINE	0	1	1	1
MARYLAND	0	0	4	0
MASSACHUSETTS	0	0	19	0
MICHIGAN	8	2	47	1
MINNESOTA	22	9	36	4
MISSISSIPPI	0	1	2	1
MISSOURI	.	.	.	.
MONTANA	0	1	115	1
NEBRASKA	10	0	29	0
NEVADA	1	2	5	0
NEW HAMPSHIRE	1	0	6	.
NEW JERSEY	0	0	6	0
NEW MEXICO	27	14	143	0
NEW YORK	6	1	17	0
NORTH CAROLINA	.	.	.	.
NORTH DAKOTA	1	2	43	0
OHIO	3	0	4	0
OKLAHOMA	1	6	152	1
OREGON	10	6	17	0
PENNSYLVANIA	0	0	15	0
PUERTO RICO	0	0	0	0
RHODE ISLAND	0	0	6	.
SOUTH CAROLINA	0	0	1	0
SOUTH DAKOTA	29	13	117	2
TENNESSEE	1	0	5	0
TEXAS	0	2	17	0
UTAH	16	0	87	0
VERMONT	5	0	1	0
VIRGINIA	1	1	1	0
WASHINGTON	33	14	52	0
WEST VIRGINIA	1	0	1	0
WISCONSIN	8	4	34	1
WYOMING	3	0	22	.
AMERICAN SAMOA	0	0	0	0
GUAM	1	0	6	0
NORTHERN MARIANAS	0	0	0	0
PALAU	.	.	.	.
VIRGIN ISLANDS	.	.	.	.
BUR. OF INDIAN AFFAIRS	.	.	.	.
U.S. AND OUTLYING AREAS	222	87	1,241	15
50 STATES, D.C. & P.R.	221	87	1,235	15

Please see data notes for an explanation of individual State differences.

Data based on the December 1, 1998 count, updated as of September 25, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH11

**Number of Infants and Toddlers with Disabilities and Their Families Served Under
Part C, by Program Settings and Race/Ethnicity in Accordance with Part C,
During the 1998-99 School Year**

AMERICAN INDIAN/ALASKA NATIVE

STATE	RESIDENTIAL FACILITY	SERVICE PROVIDER LOCATION	OTHER SETTING	TOTAL
ALABAMA	0	1	0	7
ALASKA	3	1	3	185
ARIZONA	.	.	.	.
ARKANSAS	0	0	0	0
CALIFORNIA	0	4	0	13
COLORADO	0	1	0	17
CONNECTICUT	0	0	0	11
DELAWARE	0	0	1	2
DISTRICT OF COLUMBIA	.	0	.	0
FLORIDA	.	.	.	.
GEORGIA	0	0	0	0
HAWAII	0	0	0	7
IDAHO	0	0	0	11
ILLINOIS	0	0	0	3
INDIANA	0	1	1	4
IOWA	0	0	0	8
KANSAS	0	1	0	15
KENTUCKY	.	.	.	.
LOUISIANA	0	3	2	14
MAINE	0	2	0	5
MARYLAND	0	0	0	4
MASSACHUSETTS	0	0	0	19
MICHIGAN	0	1	1	60
MINNESOTA	0	0	0	71
MISSISSIPPI	0	0	0	4
MISSOURI	.	.	.	.
MONTANA	0	5	0	122
NEBRASKA	0	0	0	39
NEVADA	0	6	0	14
NEW HAMPSHIRE	.	.	0	7
NEW JERSEY	0	0	0	6
NEW MEXICO	0	7	2	193
NEW YORK	0	0	0	24
NORTH CAROLINA	.	.	.	.
NORTH DAKOTA	0	1	0	47
OHIO	0	1	0	8
OKLAHOMA	0	8	3	171
OREGON	0	2	0	35
PENNSYLVANIA	0	0	1	16
PUERTO RICO	0	0	0	0
RHODE ISLAND	.	0	0	6
SOUTH CAROLINA	0	1	0	2
SOUTH DAKOTA	2	4	7	174
TENNESSEE	0	4	0	10
TEXAS	0	0	0	19
UTAH	0	0	0	103
VERMONT	0	0	0	6
VIRGINIA	0	1	0	4
WASHINGTON	0	5	0	104
WEST VIRGINIA	0	0	0	2
WISCONSIN	0	5	0	52
WYOMING	.	1	.	26
AMERICAN SAMOA	0	0	0	0
GUAM	0	0	0	7
NORTHERN MARIANAS	0	0	0	0
PALAU	.	.	.	.
VIRGIN ISLANDS	.	.	.	.
BUR. OF INDIAN AFFAIRS	.	.	.	.
U.S. AND OUTLYING AREAS	5	66	21	1,657
50 STATES, D.C. & P.R.	5	66	21	1,650

Please see data notes for an explanation of individual State differences.

Data based on the December 1, 1998 count, updated as of September 25, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH11

**Percentage of Infants and Toddlers with Disabilities and Their Families Served
Under Part C, by Program Settings and Race/Ethnicity in Accordance with Part C,
During the 1998-99 School Year**

AMERICAN INDIAN/ALASKA NATIVE

STATE	DEVELOPMENTAL DELAY PROGRAMS	TYPICALLY DEVELOPING PROGRAMS	HOME	HOSPITAL
ALABAMA	0.52	0.00	0.41	0.00
ALASKA	28.95	40.00	36.85	100.00
ARIZONA	.	.	.	.
ARKANSAS	0.00	0.00	0.00	0.00
CALIFORNIA	0.00	0.00	0.26	0.00
COLORADO	0.83	1.03	0.73	0.79
CONNECTICUT	1.61	0.45	0.28	0.00
DELAWARE	0.00	0.00	0.42	0.00
DISTRICT OF COLUMBIA	0.00	0.00	0.00	.
FLORIDA	.	.	.	.
GEORGIA	0.00	0.00	0.00	0.00
HAWAII	0.42	0.34	0.10	16.67
IDAHO	2.21	0.00	0.76	0.00
ILLINOIS	0.05	0.00	0.14	0.00
INDIANA	0.10	0.00	0.03	0.00
IOWA	0.00	1.23	0.85	0.00
KANSAS	0.85	0.00	0.84	0.00
KENTUCKY	.	.	.	.
LOUISIANA	0.73	0.00	0.69	0.00
MAINE	0.00	0.76	0.60	0.94
MARYLAND	0.00	0.00	0.19	0.00
MASSACHUSETTS	0.00	0.00	0.22	0.00
MICHIGAN	0.65	12.50	1.12	1.67
MINNESOTA	4.75	6.87	1.73	57.14
MISSISSIPPI	0.00	0.71	0.17	0.14
MISSOURI	.	.	.	.
MONTANA	0.00	7.69	21.90	33.33
NEBRASKA	6.67	0.00	5.02	0.00
NEVADA	0.52	5.00	1.61	0.00
NEW HAMPSHIRE	3.33	0.00	0.69	.
NEW JERSEY	0.00	0.00	0.18	0.00
NEW MEXICO	8.28	38.89	19.70	0.00
NEW YORK	0.34	0.34	0.22	0.00
NORTH CAROLINA	.	.	.	.
NORTH DAKOTA	14.29	28.57	15.47	0.00
OHIO	0.22	0.00	0.20	0.00
OKLAHOMA	5.88	8.82	7.92	6.67
OREGON	1.54	11.76	2.00	0.00
PENNSYLVANIA	0.00	0.00	0.23	0.00
PUERTO RICO	0.00	0.00	0.00	0.00
RHODE ISLAND	0.00	0.00	1.21	.
SOUTH CAROLINA	0.00	0.00	0.08	0.00
SOUTH DAKOTA	27.88	20.97	34.62	66.67
TENNESSEE	0.14	0.00	0.32	0.00
TEXAS	0.00	0.16	0.15	0.00
UTAH	2.90	0.00	7.57	0.00
VERMONT	6.17	0.00	0.35	0.00
VIRGINIA	0.17	0.22	0.10	0.00
WASHINGTON	2.84	7.91	8.58	0.00
WEST VIRGINIA	0.36	0.00	0.08	0.00
WISCONSIN	0.59	3.67	1.57	4.76
WYOMING	3.90	0.00	8.03	.
AMERICAN SAMOA	0.00	0.00	0.00	0.00
GUAM	1.41	0.00	4.00	0.00
NORTHERN MARIANAS	0.00	0.00	0.00	0.00
PALAU	.	.	.	.
VIRGIN ISLANDS	.	.	.	.
BUR. OF INDIAN AFFAIRS	.	.	.	.
U.S. AND OUTLYING AREAS	0.96	1.58	1.44	1.23
50 STATES, D.C. & P.R.	0.96	1.58	1.44	1.26

Please see data notes for an explanation of individual State differences.

Percentages are based on the counts of infants and toddlers with disabilities for whom race/ethnicity were provided.

Data based on the December 1, 1998 count, updated as of September 25, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

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Table AH11

**Percentage of Infants and Toddlers with Disabilities and Their Families Served
Under Part C, by Program Settings and Race/Ethnicity in Accordance with Part C,
During the 1998-99 School Year**

AMERICAN INDIAN/ALASKA NATIVE

STATE	RESIDENTIAL FACILITY	SERVICE PROVIDER LOCATION	OTHER SETTING	TOTAL
ALABAMA	0.00	0.33	0.00	0.43
ALASKA	100.00	50.00	60.00	37.07
ARIZONA	.	.	.	.
ARKANSAS	0.00	0.00	0.00	0.00
CALIFORNIA	0.00	0.25	0.00	0.26
COLORADO	0.00	0.26	0.00	0.69
CONNECTICUT	0.00	0.00	0.00	0.32
DELAWARE	0.00	0.00	0.35	0.26
DISTRICT OF COLUMBIA	.	0.00	.	0.00
FLORIDA	.	.	.	.
GEORGIA	0.00	0.00	0.00	0.00
HAWAII	0.00	0.00	0.00	0.22
IDAHO	0.00	0.00	0.00	1.07
ILLINOIS	0.00	0.00	0.00	0.07
INDIANA	0.00	0.11	0.56	0.07
IOWA	0.00	0.00	0.00	0.79
KANSAS	0.00	0.93	0.00	0.80
KENTUCKY	.	.	.	.
LOUISIANA	0.00	0.98	2.60	0.82
MAINE	0.00	0.75	0.00	0.66
MARYLAND	0.00	0.00	0.00	0.11
MASSACHUSETTS	0.00	0.00	0.00	0.22
MICHIGAN	0.00	0.40	0.71	1.01
MINNESOTA	0.00	0.00	0.00	2.58
MISSISSIPPI	0.00	0.00	0.00	0.18
MISSOURI	.	.	.	.
MONTANA	0.00	16.13	0.00	21.03
NEBRASKA	0.00	0.00	0.00	5.27
NEVADA	0.00	1.66	0.00	1.54
NEW HAMPSHIRE	.	.	0.00	0.71
NEW JERSEY	0.00	0.00	0.00	0.14
NEW MEXICO	0.00	9.46	13.33	16.40
NEW YORK	0.00	0.00	0.00	0.25
NORTH CAROLINA	.	.	.	.
NORTH DAKOTA	0.00	14.29	0.00	15.46
OHIO	0.00	0.51	0.00	0.21
OKLAHOMA	0.00	22.22	6.67	8.13
OREGON	0.00	3.70	0.00	2.16
PENNSYLVANIA	0.00	0.00	0.10	0.20
PUERTO RICO	0.00	0.00	0.00	0.00
RHODE ISLAND	.	0.00	0.00	0.63
SOUTH CAROLINA	0.00	0.13	0.00	0.09
SOUTH DAKOTA	100.00	9.30	16.28	29.24
TENNESSEE	0.00	0.48	0.00	0.30
TEXAS	0.00	0.00	0.00	0.15
UTAH	0.00	0.00	0.00	5.64
VERMONT	0.00	0.00	0.00	1.57
VIRGINIA	0.00	0.21	0.00	0.16
WASHINGTON	0.00	2.60	0.00	4.86
WEST VIRGINIA	0.00	0.00	0.00	0.12
WISCONSIN	0.00	1.80	0.00	1.32
WYOMING	.	5.00	.	6.48
AMERICAN SAMOA	0.00	0.00	0.00	0.00
GUAM	0.00	0.00	0.00	3.03
NORTHERN MARIANAS	0.00	0.00	0.00	0.00
PALAU	.	.	.	.
VIRGIN ISLANDS	.	.	.	.
BUR. OF INDIAN AFFAIRS	.	.	.	.
U.S. AND OUTLYING AREAS	2.39	0.65	0.74	1.28
50 STATES, D.C. & P.R.	2.40	0.65	0.74	1.28

Please see data notes for an explanation of individual State differences.
Percentages are based on the counts of infants and toddlers with disabilities for whom race/ethnicity were provided.

Data based on the December 1, 1998 count, updated as of September 25, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH11

**Number of Infants and Toddlers with Disabilities and Their Families Served Under
Part C, by Program Settings and Race/Ethnicity in Accordance with Part C,
During the 1998-99 School Year**

ASIAN/PACIFIC ISLANDER

STATE	DEVELOPMENTAL DELAY PROGRAMS	TYPICALLY DEVELOPING PROGRAMS	HOME	HOSPITAL
ALABAMA	3	0	0	0
ALASKA	1	1	20	0
ARIZONA	.	.	.	.
ARKANSAS	3	0	6	0
CALIFORNIA	0	0	224	0
COLORADO	11	13	20	4
CONNECTICUT	4	13	65	0
DELAWARE	1	0	1	0
DISTRICT OF COLUMBIA	2	0	0	.
FLORIDA	.	.	.	.
GEORGIA	0	0	0	0
HAWAII	602	243	1,711	3
IDAHO	0	0	1	0
ILLINOIS	24	0	24	0
INDIANA	2	1	40	0
IOWA	1	1	9	0
KANSAS	4	3	25	0
KENTUCKY	.	.	.	.
LOUISIANA	1	0	14	0
MAINE	0	1	2	1
MARYLAND	32	0	74	0
MASSACHUSETTS	0	0	254	0
MICHIGAN	21	1	56	0
MINNESOTA	13	0	38	0
MISSISSIPPI	0	1	3	2
MISSOURI	.	.	.	.
MONTANA	0	0	6	0
NEBRASKA	7	0	23	0
NEVADA	12	3	9	0
NEW HAMPSHIRE	0	0	11	.
NEW JERSEY	24	4	106	0
NEW MEXICO	4	0	3	0
NEW YORK	28	7	162	0
NORTH CAROLINA	.	.	.	.
NORTH DAKOTA	0	0	4	0
OHIO	13	0	13	1
OKLAHOMA	0	0	25	0
OREGON	15	0	15	0
PENNSYLVANIA	2	6	118	0
PUERTO RICO	1	0	0	0
RHODE ISLAND	5	0	3	.
SOUTH CAROLINA	0	0	8	0
SOUTH DAKOTA	0	0	1	0
TENNESSEE	11	1	23	0
TEXAS	0	23	231	0
UTAH	12	3	24	0
VERMONT	2	0	7	0
VIRGINIA	13	10	22	0
WASHINGTON	67	6	27	0
WEST VIRGINIA	1	0	3	0
WISCONSIN	25	5	51	0
WYOMING	2	0	2	.
AMERICAN SAMOA	26	0	272	21
GUAM	67	8	98	0
NORTHERN MARIANAS	1	0	26	0
PALAU	.	.	.	.
VIRGIN ISLANDS	.	.	.	.
BUR. OF INDIAN AFFAIRS	.	.	.	.
U.S. AND OUTLYING AREAS	1,063	354	3,882	32
50 STATES, D.C. & P.R.	969	346	3,486	11

Please see data notes for an explanation of individual State differences.

Data based on the December 1, 1998 count, updated as of September 25, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH11

Number of Infants and Toddlers with Disabilities and Their Families Served Under
Part C, by Program Settings and Race/Ethnicity in Accordance with Part C,
During the 1998-99 School Year

ASIAN/PACIFIC ISLANDER

STATE	RESIDENTIAL FACILITY	SERVICE PROVIDER LOCATION	OTHER SETTING	TOTAL
ALABAMA	0	0	0	3
ALASKA	0	0	0	22
ARIZONA	.	.	.	.
ARKANSAS	0	0	0	9
CALIFORNIA	0	102	0	326
COLORADO	0	8	0	56
CONNECTICUT	0	1	0	83
DELAWARE	0	0	5	7
DISTRICT OF COLUMBIA	.	0	.	2
FLORIDA	.	.	.	.
GEORGIA	0	0	0	0
HAWAII	0	51	2	2,612
IDAHO	0	0	0	1
ILLINOIS	0	7	2	57
INDIANA	0	10	1	54
IOWA	0	0	0	11
KANSAS	0	4	0	36
KENTUCKY	.	.	.	.
LOUISIANA	0	1	0	16
MAINE	0	2	0	6
MARYLAND	0	2	0	108
MASSACHUSETTS	0	0	0	254
MICHIGAN	0	3	2	83
MINNESOTA	0	0	0	51
MISSISSIPPI	0	1	0	7
MISSOURI	.	.	.	.
MONTANA	0	0	0	8
NEBRASKA	0	1	0	31
NEVADA	0	20	0	44
NEW HAMPSHIRE	.	.	0	11
NEW JERSEY	1	6	2	143
NEW MEXICO	0	1	0	8
NEW YORK	0	2	0	199
NORTH CAROLINA	.	.	.	.
NORTH DAKOTA	0	0	0	4
OHIO	0	3	2	32
OKLAHOMA	0	0	1	26
OREGON	0	1	0	31
PENNSYLVANIA	0	3	40	169
PUERTO RICO	0	0	0	1
RHODE ISLAND	.	0	1	9
SOUTH CAROLINA	0	5	0	13
SOUTH DAKOTA	0	0	1	2
TENNESSEE	0	8	0	43
TEXAS	1	1	5	261
UTAH	0	5	0	44
VERMONT	0	0	0	9
VIRGINIA	1	10	0	56
WASHINGTON	0	8	0	108
WEST VIRGINIA	0	1	0	5
WISCONSIN	0	4	0	85
WYOMING	.	0	.	4
AMERICAN SAMOA	1	16	0	336
GUAM	0	0	0	173
NORTHERN MARIANAS	0	5	0	32
PALAU	.	.	.	.
VIRGIN ISLANDS	.	.	.	.
BUR. OF INDIAN AFFAIRS	.	.	.	.
U.S. AND OUTLYING AREAS	4	292	64	5,691
50 STATES, D.C. & P.R.	3	271	64	5,150

Please see data notes for an explanation of individual State differences.

Data based on the December 1, 1998 count, updated as of September 25, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH11

Percentage of Infants and Toddlers with Disabilities and Their Families Served
Under Part C, by Program Settings and Race/Ethnicity in Accordance with Part C,
During the 1998-99 School Year

ASIAN/PACIFIC ISLANDER

STATE	DEVELOPMENTAL DELAY PROGRAMS	TYPICALLY DEVELOPING PROGRAMS	HOME	HOSPITAL
ALABAMA	0.39	0.00	0.00	0.00
ALASKA	2.63	20.00	4.49	0.00
ARIZONA	-	-	-	-
ARKANSAS	0.26	0.00	0.90	0.00
CALIFORNIA	0.00	0.00	6.52	0.00
COLORADO	2.29	6.67	1.62	3.17
CONNECTICUT	6.45	2.92	2.30	0.00
DELAWARE	0.85	0.00	0.42	0.00
DISTRICT OF COLUMBIA	1.16	0.00	0.00	-
FLORIDA	-	-	-	-
GEORGIA	0.00	0.00	0.00	0.00
HAWAII	84.91	82.65	83.67	50.00
IDAHO	0.00	0.00	0.15	0.00
ILLINOIS	1.16	0.00	1.72	0.00
INDIANA	0.21	0.53	1.23	0.00
IOWA	1.06	1.23	1.10	0.00
KANSAS	1.69	2.94	1.75	0.00
KENTUCKY	-	-	-	-
LOUISIANA	0.73	0.00	1.21	0.00
MAINE	0.00	0.76	1.19	0.94
MARYLAND	2.66	0.00	3.53	0.00
MASSACHUSETTS	0.00	0.00	3.00	0.00
MICHIGAN	1.70	6.25	1.33	0.00
MINNESOTA	2.81	0.00	1.82	0.00
MISSISSIPPI	0.00	0.71	0.26	0.29
MISSOURI	-	-	-	-
MONTANA	0.00	0.00	1.52	0.00
NEBRASKA	4.67	0.00	3.98	0.00
NEVADA	6.25	7.50	2.89	0.00
NEW HAMPSHIRE	0.00	0.00	1.26	-
NEW JERSEY	4.14	1.54	3.19	0.00
NEW MEXICO	1.23	0.00	0.41	0.00
NEW YORK	1.59	2.40	2.12	0.00
NORTH CAROLINA	-	-	-	-
NORTH DAKOTA	0.00	0.00	1.44	0.00
OHIO	0.96	0.00	0.64	2.17
OKLAHOMA	0.00	0.00	1.30	0.00
OREGON	2.31	0.00	1.76	0.00
PENNSYLVANIA	0.57	2.29	1.83	0.00
PUERTO RICO	0.05	0.00	0.00	0.00
RHODE ISLAND	2.23	0.00	0.61	-
SOUTH CAROLINA	0.00	0.00	0.60	0.00
SOUTH DAKOTA	0.00	0.00	0.30	0.00
TENNESSEE	1.52	0.64	1.47	0.00
TEXAS	0.00	1.86	2.03	0.00
UTAH	2.18	14.29	2.09	0.00
VERMONT	2.47	0.00	2.45	0.00
VIRGINIA	2.16	2.22	2.22	0.00
WASHINGTON	5.76	3.39	4.46	0.00
WEST VIRGINIA	0.36	0.00	0.25	0.00
WISCONSIN	1.83	4.59	2.36	0.00
WYOMING	2.60	0.00	0.73	-
AMERICAN SAMOA	100.00	0.00	100.00	100.00
GUAM	94.37	80.00	65.33	0.00
NORTHERN MARIANAS	100.00	0.00	96.30	0.00
PALAU	-	-	-	-
VIRGIN ISLANDS	-	-	-	-
BUR. OF INDIAN AFFAIRS	-	-	-	-
U.S. AND OUTLYING AREAS	4.61	6.42	4.51	2.63
50 STATES, D.C. & P.R.	4.22	6.29	4.07	0.92

Please see data notes for an explanation of individual State differences.
Percentages are based on the counts of infants and toddlers with disabilities for whom race/ethnicity were provided.

Data based on the December 1, 1998 count, updated as of September 25, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

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Table AH11

Percentage of Infants and Toddlers with Disabilities and Their Families Served
Under Part C, by Program Settings and Race/Ethnicity in Accordance with Part C,
During the 1998-99 School Year

ASIAN/PACIFIC ISLANDER

STATE	RESIDENTIAL FACILITY	SERVICE PROVIDER LOCATION	OTHER SETTING	TOTAL
ALABAMA	0.00	0.00	0.00	0.19
ALASKA	0.00	0.00	0.00	4.41
ARIZONA	.	.	.	.
ARKANSAS	0.00	0.00	0.00	0.45
CALIFORNIA	0.00	6.46	0.00	6.50
COLORADO	0.00	2.12	0.00	2.28
CONNECTICUT	0.00	1.05	0.00	2.42
DELAWARE	0.00	0.00	1.76	0.90
DISTRICT OF COLUMBIA	.	0.00	.	0.97
FLORIDA	.	.	.	.
GEORGIA	0.00	0.00	0.00	0.00
HAWAII	0.00	86.44	100.00	83.85
IDAHO	0.00	0.00	0.00	0.10
ILLINOIS	0.00	1.40	0.61	1.31
INDIANA	0.00	1.06	0.56	0.97
IOWA	0.00	0.00	0.00	1.09
KANSAS	0.00	3.74	0.00	1.91
KENTUCKY	.	.	.	.
LOUISIANA	0.00	0.33	0.00	0.93
MAINE	0.00	0.75	0.00	0.79
MARYLAND	0.00	1.89	0.00	3.09
MASSACHUSETTS	0.00	0.00	0.00	3.00
MICHIGAN	0.00	1.20	1.43	1.40
MINNESOTA	0.00	0.00	0.00	1.85
MISSISSIPPI	0.00	0.36	0.00	0.31
MISSOURI	.	.	.	.
MONTANA	0.00	0.00	0.00	1.38
NEBRASKA	0.00	33.33	0.00	4.19
NEVADA	0.00	5.52	0.00	4.84
NEW HAMPSHIRE	.	.	0.00	1.12
NEW JERSEY	9.09	6.82	1.89	3.25
NEW MEXICO	0.00	1.35	0.00	0.68
NEW YORK	0.00	9.52	0.00	2.03
NORTH CAROLINA	.	.	.	.
NORTH DAKOTA	0.00	0.00	0.00	1.32
OHIO	0.00	1.52	2.99	0.85
OKLAHOMA	0.00	0.00	2.22	1.24
OREGON	0.00	1.85	0.00	1.91
PENNSYLVANIA	0.00	2.78	3.99	2.06
PUERTO RICO	0.00	0.00	0.00	0.04
RHODE ISLAND	.	0.00	0.97	0.94
SOUTH CAROLINA	0.00	0.63	0.00	0.59
SOUTH DAKOTA	0.00	0.00	2.33	0.34
TENNESSEE	0.00	0.97	0.00	1.28
TEXAS	5.56	1.32	6.10	2.03
UTAH	0.00	5.26	0.00	2.41
VERMONT	0.00	0.00	0.00	2.36
VIRGINIA	4.35	2.10	0.00	2.18
WASHINGTON	0.00	4.17	0.00	5.05
WEST VIRGINIA	0.00	0.45	0.00	0.29
WISCONSIN	0.00	1.44	0.00	2.15
WYOMING	.	0.00	.	1.00
AMERICAN SAMOA	100.00	100.00	0.00	100.00
GUAM	0.00	0.00	0.00	74.89
NORTHERN MARIANAS	0.00	100.00	0.00	96.97
PALAU	.	.	.	.
VIRGIN ISLANDS	.	.	.	.
BUR. OF INDIAN AFFAIRS	.	.	.	.
U.S. AND OUTLYING AREAS	1.91	2.67	2.25	4.40
50 STATES, D.C. & P.R.	1.44	2.67	2.25	4.00

Please see data notes for an explanation of individual State differences.

Percentages are based on the counts of infants and toddlers with disabilities for whom race/ethnicity were provided.

Data based on the December 1, 1998 count, updated as of September 25, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH11

**Number of Infants and Toddlers with Disabilities and Their Families Served Under
Part C, by Program Settings and Race/Ethnicity in Accordance with Part C,
During the 1998-99 School Year**

STATE	BLACK		HOME	HOSPITAL
	DEVELOPMENTAL DELAY PROGRAMS	TYPICALLY DEVELOPING PROGRAMS		
ALABAMA	328	5	244	2
ALASKA	6	1	21	0
ARIZONA	.	.	.	.
ARKANSAS	489	33	188	0
CALIFORNIA	0	0	365	0
COLORADO	22	15	62	18
CONNECTICUT	22	52	409	1
DELAWARE	31	7	61	1
DISTRICT OF COLUMBIA	0	7	12	.
FLORIDA	.	.	.	.
GEORGIA	0	0	7	0
HAWAII	17	7	57	1
IDAHO	2	0	1	0
ILLINOIS	545	12	209	0
INDIANA	175	25	409	1
IOWA	9	5	40	0
KANSAS	42	20	124	1
KENTUCKY	.	.	.	.
LOUISIANA	71	9	523	3
MAINE	0	1	1	1
MARYLAND	408	24	740	1
MASSACHUSETTS	0	0	735	0
MICHIGAN	172	2	896	17
MINNESOTA	35	4	156	0
MISSISSIPPI	0	76	637	383
MISSOURI	.	.	.	.
MONTANA	0	0	5	0
NEBRASKA	8	0	72	0
NEVADA	14	3	36	0
NEW HAMPSHIRE	0	0	11	.
NEW JERSEY	110	104	645	12
NEW MEXICO	7	1	12	0
NEW YORK	483	78	846	0
NORTH CAROLINA	.	.	.	.
NORTH DAKOTA	0	0	6	0
OHIO	223	22	478	15
OKLAHOMA	3	9	235	0
OREGON	14	0	15	0
PENNSYLVANIA	53	65	1,079	2
PUERTO RICO	0	0	0	0
RHODE ISLAND	12	8	36	.
SOUTH CAROLINA	27	1	676	4
SOUTH DAKOTA	0	5	5	0
TENNESSEE	304	29	326	0
TEXAS	8	326	1,538	1
UTAH	6	2	16	0
VERMONT	1	0	5	0
VIRGINIA	166	124	274	1
WASHINGTON	70	23	31	0
WEST VIRGINIA	9	1	59	0
WISCONSIN	498	14	231	1
WYOMING	0	1	8	.
AMERICAN SAMOA	0	0	0	0
GUAM	0	0	16	0
NORTHERN MARIANAS	0	0	0	0
PALAU	.	.	.	.
VIRGIN ISLANDS	.	.	.	.
BUR. OF INDIAN AFFAIRS	.	.	.	.
U.S. AND OUTLYING AREAS	4,390	1,121	12,558	466
50 STATES, D.C. & P.R.	4,390	1,121	12,542	466

Please see data notes for an explanation of individual State differences.

Data based on the December 1, 1998 count, updated as of September 25, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH11

**Number of Infants and Toddlers with Disabilities and Their Families Served Under
Part C, by Program Settings and Race/Ethnicity in Accordance with Part C,
During the 1998-99 School Year**

STATE	BLACK			TOTAL
	RESIDENTIAL FACILITY	SERVICE PROVIDER LOCATION	OTHER SETTING	
ALABAMA	5	99	5	688
ALASKA	0	0	1	29
ARIZONA	.	.	.	.
ARKANSAS	29	22	0	761
CALIFORNIA	0	253	0	618
COLORADO	0	12	3	132
CONNECTICUT	0	15	0	499
DELAWARE	0	25	108	233
DISTRICT OF COLUMBIA	.	17	.	36
FLORIDA	.	.	.	.
GEORGIA	0	4	0	11
HAWAII	0	2	0	84
IDAHO	0	2	0	5
ILLINOIS	0	86	74	926
INDIANA	3	120	16	749
IOWA	0	0	1	55
KANSAS	0	5	0	192
KENTUCKY	.	.	.	.
LOUISIANA	3	149	37	795
MAINE	0	2	0	5
MARYLAND	0	13	2	1,188
MASSACHUSETTS	0	0	0	735
MICHIGAN	1	175	39	1,302
MINNESOTA	0	1	0	196
MISSISSIPPI	0	153	0	1,249
MISSOURI	.	.	.	.
MONTANA	0	0	0	5
NEBRASKA	0	0	0	80
NEVADA	0	45	0	98
NEW HAMPSHIRE	.	.	2	13
NEW JERSEY	4	11	45	931
NEW MEXICO	0	5	2	27
NEW YORK	0	1	7	1,415
NORTH CAROLINA	.	.	.	.
NORTH DAKOTA	0	1	0	7
OHIO	0	78	14	830
OKLAHOMA	1	3	5	256
OREGON	1	0	0	30
PENNSYLVANIA	1	11	578	1,789
PUERTO RICO	0	0	0	0
RHODE ISLAND	.	2	14	72
SOUTH CAROLINA	0	344	4	1,056
SOUTH DAKOTA	0	0	1	11
TENNESSEE	0	225	5	889
TEXAS	6	10	7	1,896
UTAH	0	2	0	26
VERMONT	0	0	0	6
VIRGINIA	7	131	6	709
WASHINGTON	0	8	0	132
WEST VIRGINIA	0	8	0	77
WISCONSIN	0	9	1	754
WYOMING	.	0	.	9
AMERICAN SAMOA	0	0	0	0
GUAM	0	0	0	16
NORTHERN MARIANAS	0	0	0	0
PALAU	.	.	.	.
VIRGIN ISLANDS	.	.	.	.
BUR. OF INDIAN AFFAIRS	.	.	.	.
U.S. AND OUTLYING AREAS	61	2,049	977	21,622
50 STATES, D.C. & P.R.	61	2,049	977	21,606

Please see data notes for an explanation of individual State differences.

Data based on the December 1, 1998 count, updated as of September 25, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH11

**Percentage of Infants and Toddlers with Disabilities and Their Families Served
Under Part C, by Program Settings and Race/Ethnicity in Accordance with Part C,
During the 1998-99 School Year**

STATE	BLACK		HOME	HOSPITAL
	DEVELOPMENTAL DELAY PROGRAMS	TYPICALLY DEVELOPING PROGRAMS		
ALABAMA	42.99	33.33	50.52	50.00
ALASKA	15.79	20.00	4.72	0.00
ARIZONA	.	.	.	.
ARKANSAS	41.94	42.86	28.10	0.00
CALIFORNIA	0.00	0.00	10.62	0.00
COLORADO	4.57	7.69	5.03	14.29
CONNECTICUT	35.48	11.69	14.48	100.00
DELAWARE	26.27	25.93	25.63	16.67
DISTRICT OF COLUMBIA	0.00	58.33	42.86	.
FLORIDA	.	.	.	.
GEORGIA	0.00	0.00	8.64	0.00
HAWAII	2.40	2.38	2.79	16.67
IDAHO	0.74	0.00	0.15	0.00
ILLINOIS	26.29	28.57	14.95	0.00
INDIANA	18.04	13.23	12.57	33.33
IOWA	9.57	6.17	4.87	0.00
KANSAS	17.80	19.61	8.68	50.00
KENTUCKY	.	.	.	.
LOUISIANA	51.62	36.00	45.05	100.00
MAINE	0.00	0.76	0.60	0.94
MARYLAND	33.92	28.24	35.29	50.00
MASSACHUSETTS	0.00	0.00	8.69	0.00
MICHIGAN	13.90	12.50	21.27	28.33
MINNESOTA	7.56	3.05	7.48	0.00
MISSISSIPPI	0.00	53.90	55.06	55.03
MISSOURI	.	.	.	.
MONTANA	0.00	0.00	0.95	0.00
NEBRASKA	5.33	0.00	12.46	0.00
NEVADA	7.29	7.50	11.58	0.00
NEW HAMPSHIRE	0.00	0.00	1.26	.
NEW JERSEY	18.97	40.00	19.39	48.00
NEW MEXICO	2.15	2.78	1.65	0.00
NEW YORK	27.49	26.71	11.09	0.00
NORTH CAROLINA	.	.	.	.
NORTH DAKOTA	0.00	0.00	2.16	0.00
OHIO	16.54	30.56	23.57	32.61
OKLAHOMA	17.65	13.24	12.24	0.00
OREGON	2.15	0.00	1.76	0.00
PENNSYLVANIA	15.06	24.81	16.71	66.67
PUERTO RICO	0.00	0.00	0.00	0.00
RHODE ISLAND	5.36	10.13	7.27	.
SOUTH CAROLINA	60.00	11.11	51.10	66.67
SOUTH DAKOTA	0.00	8.06	1.48	0.00
TENNESSEE	42.11	18.47	20.79	0.00
TEXAS	13.11	26.38	13.50	11.11
UTAH	1.09	9.52	1.39	0.00
VERMONT	1.23	0.00	1.75	0.00
VIRGINIA	27.53	27.56	27.59	20.00
WASHINGTON	6.02	12.99	5.12	0.00
WEST VIRGINIA	3.28	11.11	4.97	0.00
WISCONSIN	36.43	12.84	10.68	4.76
WYOMING	0.00	3.33	2.92	.
AMERICAN SAMOA	0.00	0.00	0.00	0.00
GUAM	0.00	0.00	10.67	0.00
NORTHERN MARIANAS	0.00	0.00	0.00	0.00
PALAU	.	.	.	.
VIRGIN ISLANDS	.	.	.	.
BUR. OF INDIAN AFFAIRS	.	.	.	.
U.S. AND OUTLYING AREAS	19.02	20.34	14.57	38.32
50 STATES, D.C. & P.R.	19.11	20.38	14.63	39.00

Please see data notes for an explanation of individual State differences.

Percentages are based on the counts of infants and toddlers with disabilities for whom race/ethnicity were provided.

Data based on the December 1, 1998 count, updated as of September 25, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH11

Percentage of Infants and Toddlers with Disabilities and Their Families Served
Under Part C, by Program Settings and Race/Ethnicity in Accordance with Part C,
During the 1998-99 School Year

BLACK

STATE	RESIDENTIAL FACILITY	SERVICE PROVIDER LOCATION	OTHER SETTING	TOTAL
ALABAMA	27.78	32.35	21.74	42.68
ALASKA	0.00	0.00	20.00	5.81
ARIZONA	.	.	.	.
ARKANSAS	92.86	34.92	0.00	37.84
CALIFORNIA	0.00	16.01	0.00	12.32
COLORADO	0.00	3.17	6.52	5.37
CONNECTICUT	0.00	15.79	0.00	14.56
DELAWARE	0.00	24.27	38.03	30.03
DISTRICT OF COLUMBIA	.	94.44	.	15.65
FLORIDA	.	.	.	.
GEORGIA	0.00	6.15	0.00	7.05
HAWAII	0.00	3.39	0.00	2.70
IDAHO	0.00	2.17	0.00	0.49
ILLINOIS	0.00	17.17	22.56	21.33
INDIANA	60.00	12.74	9.04	13.52
IOWA	0.00	0.00	25.00	5.43
KANSAS	0.00	4.67	0.00	10.19
KENTUCKY	.	.	.	.
LOUISIANA	100.00	48.69	48.05	46.44
MAINE	0.00	0.75	0.00	0.66
MARYLAND	0.00	12.26	100.00	33.98
MASSACHUSETTS	0.00	0.00	0.00	8.69
MICHIGAN	100.00	69.72	27.86	22.00
MINNESOTA	0.00	1.64	0.00	7.11
MISSISSIPPI	0.00	55.04	0.00	54.97
MISSOURI	.	.	.	.
MONTANA	0.00	0.00	0.00	0.86
NEBRASKA	0.00	0.00	0.00	10.81
NEVADA	0.00	12.43	0.00	10.78
NEW HAMPSHIRE	.	.	3.70	1.32
NEW JERSEY	36.36	12.50	42.45	21.18
NEW MEXICO	0.00	6.76	13.33	2.29
NEW YORK	0.00	4.76	8.43	14.45
NORTH CAROLINA	.	.	.	.
NORTH DAKOTA	0.00	14.29	0.00	2.30
OHIO	0.00	39.59	20.90	22.09
OKLAHOMA	50.00	8.33	11.11	12.17
OREGON	7.14	0.00	0.00	1.85
PENNSYLVANIA	25.00	10.19	57.63	21.85
PUERTO RICO	0.00	0.00	0.00	0.00
RHODE ISLAND	.	3.57	13.59	7.52
SOUTH CAROLINA	0.00	43.05	33.33	48.13
SOUTH DAKOTA	0.00	0.00	2.33	1.85
TENNESSEE	0.00	27.14	6.76	26.40
TEXAS	33.33	13.16	8.54	14.72
UTAH	0.00	2.11	0.00	1.42
VERMONT	0.00	0.00	0.00	1.57
VIRGINIA	30.43	27.52	31.58	27.60
WASHINGTON	0.00	4.17	0.00	6.17
WEST VIRGINIA	0.00	3.62	0.00	4.48
WISCONSIN	0.00	3.24	6.67	19.07
WYOMING	.	0.00	.	2.24
AMERICAN SAMOA	0.00	0.00	0.00	0.00
GUAM	0.00	0.00	0.00	6.93
NORTHERN MARIANAS	0.00	0.00	0.00	0.00
PALAU	.	.	.	.
VIRGIN ISLANDS	.	.	.	.
BUR. OF INDIAN AFFAIRS	.	.	.	.
U.S. AND OUTLYING AREAS	29.19	20.13	34.28	16.73
50 STATES, D.C. & P.R.	29.33	20.18	34.28	16.80

Please see data notes for an explanation of individual State differences.
Percentages are based on the counts of infants and toddlers with disabilities for whom race/ethnicity were provided.

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U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH11

**Number of Infants and Toddlers with Disabilities and Their Families Served Under
Part C, by Program Settings and Race/Ethnicity in Accordance with Part C,
During the 1998-99 School Year**

STATE	HISPANIC		HOME	HOSPITAL
	DEVELOPMENTAL DELAY PROGRAMS	TYPICALLY DEVELOPING PROGRAMS		
ALABAMA	15	0	8	0
ALASKA	0	0	24	0
ARIZONA	.	.	.	.
ARKANSAS	31	2	26	0
CALIFORNIA	0	0	1,788	0
COLORADO	104	55	303	21
CONNECTICUT	12	46	492	0
DELAWARE	14	3	13	1
DISTRICT OF COLUMBIA	169	5	12	.
FLORIDA	.	.	.	.
GEORGIA	0	1	10	1
HAWAII	14	10	51	0
IDAHO	26	2	102	0
ILLINOIS	306	1	184	0
INDIANA	23	3	79	0
IOWA	5	1	38	0
KANSAS	24	12	181	0
KENTUCKY	.	.	.	.
LOUISIANA	1	0	17	0
MAINE	0	1	1	0
MARYLAND	17	4	102	0
MASSACHUSETTS	0	0	1,568	0
MICHIGAN	33	0	174	5
MINNESOTA	18	7	68	0
MISSISSIPPI	0	2	15	9
MISSOURI	.	.	.	.
MONTANA	0	2	14	1
NEBRASKA	14	0	53	0
NEVADA	47	1	60	1
NEW HAMPSHIRE	2	1	17	.
NEW JERSEY	105	35	429	5
NEW MEXICO	181	13	313	0
NEW YORK	275	35	668	0
NORTH CAROLINA	.	.	.	.
NORTH DAKOTA	0	0	7	0
OHIO	0	0	0	0
OKLAHOMA	1	2	88	0
OREGON	77	2	109	2
PENNSYLVANIA	15	10	423	0
PUERTO RICO	2,064	6	37	0
RHODE ISLAND	46	12	45	.
SOUTH CAROLINA	4	0	20	0
SOUTH DAKOTA	0	0	1	0
TENNESSEE	10	2	47	0
TEXAS	26	317	4,805	3
UTAH	25	2	105	0
VERMONT	1	0	7	0
VIRGINIA	31	23	51	0
WASHINGTON	157	30	116	0
WEST VIRGINIA	0	0	5	0
WISCONSIN	106	8	89	0
WYOMING	3	2	28	.
AMERICAN SAMOA	0	0	0	0
GUAM	0	0	15	0
NORTHERN MARIANAS	0	0	0	0
PALAU	.	.	.	.
VIRGIN ISLANDS	.	.	.	.
BUR. OF INDIAN AFFAIRS
U.S. AND OUTLYING AREAS	4,002	658	12,808	49
50 STATES, D.C. & P.R.	4,002	658	12,793	49

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Data based on the December 1, 1998 count, updated as of September 25, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH11

**Number of Infants and Toddlers with Disabilities and Their Families Served Under
Part C, by Program Settings and Race/Ethnicity in Accordance with Part C,
During the 1998-99 School Year**

STATE	HISPANIC			TOTAL
	RESIDENTIAL FACILITY	SERVICE PROVIDER LOCATION	OTHER SETTING	
ALABAMA	0	4	0	27
ALASKA	0	0	0	24
ARIZONA	.	.	.	.
ARKANSAS	0	1	0	60
CALIFORNIA	0	630	0	2,466
COLORADO	0	117	5	605
CONNECTICUT	0	27	0	577
DELAWARE	0	16	27	74
DISTRICT OF COLUMBIA	.	1	.	187
FLORIDA	.	.	.	.
GEORGIA	0	7	0	19
HAWAII	0	4	0	79
IDAHO	0	7	0	137
ILLINOIS	0	59	29	579
INDIANA	1	23	6	135
IOWA	0	0	0	44
KANSAS	0	7	0	224
KENTUCKY	.	.	.	.
LOUISIANA	0	2	2	22
MAINE	0	1	0	3
MARYLAND	0	2	0	125
MASSACHUSETTS	0	0	0	1,568
MICHIGAN	0	11	2	225
MINNESOTA	1	0	1	95
MISSISSIPPI	0	4	0	30
MISSOURI	.	.	.	.
MONTANA	0	2	0	19
NEBRASKA	0	0	0	67
NEVADA	0	100	0	209
NEW HAMPSHIRE	.	.	3	23
NEW JERSEY	3	25	19	621
NEW MEXICO	0	27	5	539
NEW YORK	0	1	14	993
NORTH CAROLINA	.	.	.	.
NORTH DAKOTA	0	0	0	7
OHIO	0	0	0	0
OKLAHOMA	0	0	0	91
OREGON	5	7	1	203
PENNSYLVANIA	3	4	173	628
PUERTO RICO	0	484	0	2,591
RHODE ISLAND	.	15	40	158
SOUTH CAROLINA	0	11	2	37
SOUTH DAKOTA	0	2	1	4
TENNESSEE	0	13	1	73
TEXAS	4	31	39	5,225
UTAH	0	13	3	146
VERMONT	0	0	0	8
VIRGINIA	1	24	1	131
WASHINGTON	0	41	0	344
WEST VIRGINIA	0	2	0	7
WISCONSIN	0	4	2	209
WYOMING	.	4	.	37
AMERICAN SAMOA	0	0	0	0
GUAM	0	0	0	15
NORTHERN MARIANAS	0	0	0	0
PALAU	.	.	.	.
VIRGIN ISLANDS	.	.	.	.
BUR. OF INDIAN AFFAIRS	.	.	.	.
U.S. AND OUTLYING AREAS	18	1,783	376	19,694
50 STATES, D.C. & P.R.	18	1,783	376	19,679

Please see data notes for an explanation of individual State differences.
Data based on the December 1, 1998 count, updated as of September 25, 2000.
U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH11

Percentage of Infants and Toddlers with Disabilities and Their Families Served
Under Part C, by Program Settings and Race/Ethnicity in Accordance with Part C,
During the 1998-99 School Year

STATE	HISPANIC		HOME	HOSPITAL
	DEVELOPMENTAL DELAY PROGRAMS	TYPICALLY DEVELOPING PROGRAMS		
ALABAMA	1.97	0.00	1.66	0.00
ALASKA	0.00	0.00	5.39	0.00
ARIZONA	.	.	.	.
ARKANSAS	2.66	2.60	3.89	0.00
CALIFORNIA	0.00	0.00	52.01	0.00
COLORADO	21.62	28.21	24.57	16.67
CONNECTICUT	19.35	10.34	17.42	0.00
DELAWARE	11.86	11.11	5.46	16.67
DISTRICT OF COLUMBIA	98.26	41.67	42.86	.
FLORIDA	.	.	.	.
GEORGIA	0.00	33.33	12.35	100.00
HAWAII	1.97	3.40	2.49	0.00
IDAHO	9.56	20.00	15.57	0.00
ILLINOIS	14.76	2.38	13.16	0.00
INDIANA	2.37	1.59	2.43	0.00
IOWA	5.32	1.23	4.63	0.00
KANSAS	10.17	11.76	12.67	0.00
KENTUCKY	.	.	.	.
LOUISIANA	0.73	0.00	1.46	0.00
MAINE	0.00	0.76	0.60	0.00
MARYLAND	1.41	4.71	4.86	0.00
MASSACHUSETTS	0.00	0.00	18.54	0.00
MICHIGAN	2.67	0.00	4.13	8.33
MINNESOTA	3.89	5.34	3.26	0.00
MISSISSIPPI	0.00	1.42	1.30	1.29
MISSOURI	.	.	.	.
MONTANA	0.00	15.38	2.67	33.33
NEBRASKA	9.33	0.00	9.17	0.00
NEVADA	24.48	2.50	19.29	25.00
NEW HAMPSHIRE	6.67	3.70	1.95	.
NEW JERSEY	18.10	13.46	12.90	20.00
NEW MEXICO	55.52	36.11	43.11	0.00
NEW YORK	15.65	11.99	8.75	0.00
NORTH CAROLINA	.	.	.	.
NORTH DAKOTA	0.00	0.00	2.52	0.00
OHIO	0.00	0.00	0.00	0.00
OKLAHOMA	5.88	2.94	4.58	0.00
OREGON	11.85	3.92	12.82	66.67
PENNSYLVANIA	4.26	3.82	6.55	0.00
PUERTO RICO	99.95	100.00	100.00	0.00
RHODE ISLAND	20.54	15.19	9.09	.
SOUTH CAROLINA	8.89	0.00	1.51	0.00
SOUTH DAKOTA	0.00	0.00	0.30	0.00
TENNESSEE	1.39	1.27	3.00	0.00
TEXAS	42.62	25.65	42.17	33.33
UTAH	4.54	9.52	9.13	0.00
VERMONT	1.23	0.00	2.45	0.00
VIRGINIA	5.14	5.11	5.14	0.00
WASHINGTON	13.50	16.95	19.14	0.00
WEST VIRGINIA	0.00	0.00	0.41	0.00
WISCONSIN	7.75	7.34	4.11	0.00
WYOMING	3.90	6.67	10.22	.
AMERICAN SAMOA	0.00	0.00	0.00	0.00
GUAM	0.00	0.00	10.00	0.00
NORTHERN MARIANAS	0.00	0.00	0.00	0.00
PALAU	.	.	.	.
VIRGIN ISLANDS	.	.	.	.
BUR. OF INDIAN AFFAIRS	.	.	.	.
U.S. AND OUTLYING AREAS	17.34	11.94	14.86	4.03
50 STATES, D.C. & P.R.	17.42	11.96	14.92	4.10

Please see data notes for an explanation of individual State differences.

Percentages are based on the counts of infants and toddlers with disabilities for whom race/ethnicity were provided.

Data based on the December 1, 1998 count, updated as of September 25, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

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Table AH11

Percentage of Infants and Toddlers with Disabilities and Their Families Served
Under Part C, by Program Settings and Race/Ethnicity in Accordance with Part C,
During the 1998-99 School Year

HISPANIC

STATE	RESIDENTIAL FACILITY	SERVICE PROVIDER LOCATION	OTHER SETTING	TOTAL
ALABAMA	0.00	1.31	0.00	1.67
ALASKA	0.00	0.00	0.00	4.81
ARIZONA	.	.	.	.
ARKANSAS	0.00	1.59	0.00	2.98
CALIFORNIA	0.00	43.04	0.00	49.18
COLORADO	0.00	30.95	10.87	24.59
CONNECTICUT	0.00	28.42	0.00	16.84
DELAWARE	0.00	15.53	9.51	9.54
DISTRICT OF COLUMBIA	.	5.56	.	81.30
FLORIDA	.	.	.	.
GEORGIA	0.00	10.77	0.00	12.18
HAWAII	0.00	6.78	0.00	2.54
IDAHO	0.00	7.61	0.00	13.30
ILLINOIS	0.00	11.78	8.84	13.33
INDIANA	20.00	2.44	3.39	2.44
IOWA	0.00	0.00	0.00	4.35
KANSAS	0.00	6.54	0.00	11.89
KENTUCKY	.	.	.	.
LOUISIANA	0.00	0.65	2.60	1.29
MAINE	0.00	0.37	0.00	0.39
MARYLAND	0.00	1.89	0.00	3.58
MASSACHUSETTS	0.00	0.00	0.00	18.54
MICHIGAN	0.00	4.38	1.43	3.80
MINNESOTA	14.29	0.00	33.33	3.45
MISSISSIPPI	0.00	1.44	0.00	1.32
MISSOURI	.	.	.	.
MONTANA	0.00	6.45	0.00	3.26
NEBRASKA	0.00	0.00	0.00	9.05
NEVADA	0.00	27.62	0.00	22.99
NEW HAMPSHIRE	.	.	5.56	2.34
NEW JERSEY	27.27	28.41	17.92	14.13
NEW MEXICO	0.00	36.49	33.33	45.79
NEW YORK	0.00	4.76	16.87	10.14
NORTH CAROLINA	.	.	.	.
NORTH DAKOTA	0.00	0.00	0.00	2.30
OHIO	0.00	0.00	0.00	0.00
OKLAHOMA	0.00	0.00	0.00	4.33
OREGON	35.71	12.96	50.00	12.50
PENNSYLVANIA	75.00	3.70	17.25	7.67
PUERTO RICO	0.00	100.00	0.00	99.96
RHODE ISLAND	.	26.79	38.83	16.51
SOUTH CAROLINA	0.00	1.38	16.67	1.69
SOUTH DAKOTA	0.00	4.65	2.33	0.67
TENNESSEE	0.00	1.57	1.35	2.17
TEXAS	22.22	40.79	47.56	40.58
UTAH	0.00	13.68	37.50	8.11
VERMONT	0.00	0.00	0.00	2.10
VIRGINIA	4.35	5.04	5.26	5.10
WASHINGTON	0.00	21.35	0.00	16.07
WEST VIRGINIA	0.00	0.90	0.00	0.41
WISCONSIN	0.00	1.44	13.33	5.29
WYOMING	.	20.00	.	9.23
AMERICAN SAMOA	0.00	0.00	0.00	0.00
GUAM	0.00	0.00	0.00	6.49
NORTHERN MARIANAS	0.00	0.00	0.00	0.00
PALAU	.	.	.	.
VIRGIN ISLANDS	.	.	.	.
BUR. OF INDIAN AFFAIRS	.	.	.	.
U.S. AND OUTLYING AREAS	8.61	17.52	13.19	15.24
50 STATES, D.C. & P.R.	8.65	17.56	13.19	15.30

Please see data notes for an explanation of individual State differences.

Percentages are based on the counts of infants and toddlers with disabilities for whom race/ethnicity were provided.

Data based on the December 1, 1998 count, updated as of September 25, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH11

**Number of Infants and Toddlers with Disabilities and Their Families Served Under
Part C, by Program Settings and Race/Ethnicity in Accordance with Part C,
During the 1998-99 School Year**

STATE	WHITE		HOME	HOSPITAL
	DEVELOPMENTAL DELAY PROGRAMS	TYPICALLY DEVELOPING PROGRAMS		
ALABAMA	413	10	229	2
ALASKA	20	1	216	0
ARIZONA	.	.	.	.
ARKANSAS	643	42	449	1
CALIFORNIA	0	0	1,052	0
COLORADO	340	110	839	82
CONNECTICUT	23	332	1,850	0
DELAWARE	72	17	162	4
DISTRICT OF COLUMBIA	1	0	4	.
FLORIDA	.	.	.	.
GEORGIA	6	2	64	0
HAWAII	73	33	224	1
IDAHO	238	8	546	0
ILLINOIS	1,197	29	979	0
INDIANA	769	160	2,724	2
IOWA	79	73	727	0
KANSAS	164	67	1,087	1
KENTUCKY	.	.	.	.
LOUISIANA	63	16	599	0
MAINE	23	128	163	103
MARYLAND	746	57	1,177	1
MASSACHUSETTS	0	0	5,991	0
MICHIGAN	1,003	11	3,039	37
MINNESOTA	375	111	1,787	3
MISSISSIPPI	0	51	500	301
MISSOURI	.	.	.	.
MONTANA	8	10	393	1
NEBRASKA	111	0	401	2
NEVADA	118	31	201	3
NEW HAMPSHIRE	27	26	828	.
NEW JERSEY	341	117	2,140	8
NEW MEXICO	107	8	255	0
NEW YORK	965	171	5,936	4
NORTH CAROLINA	.	.	.	.
NORTH DAKOTA	6	5	218	0
OHIO	1,109	50	1,533	30
OKLAHOMA	12	51	1,420	14
OREGON	534	43	694	1
PENNSYLVANIA	282	181	4,822	1
PUERTO RICO	0	0	0	0
RHODE ISLAND	161	59	405	.
SOUTH CAROLINA	14	8	618	2
SOUTH DAKOTA	75	44	214	1
TENNESSEE	396	125	1,167	17
TEXAS	27	568	4,804	5
UTAH	492	14	918	0
VERMONT	72	0	266	0
VIRGINIA	392	292	645	4
WASHINGTON	836	104	380	2
WEST VIRGINIA	263	8	1,144	2
WISCONSIN	730	78	1,758	19
WYOMING	69	27	214	.
AMERICAN SAMOA	0	0	0	0
GUAM	3	2	15	0
NORTHERN MARIANAS	0	0	1	0
PALAU	.	.	.	.
VIRGIN ISLANDS	.	.	.	.
BUR. OF INDIAN AFFAIRS	.	.	.	.
U.S. AND OUTLYING AREAS	13,398	3,290	55,680	654
50 STATES, D.C. & P.R.	13,395	3,288	55,664	654

Please see data notes for an explanation of individual State differences.

Data based on the December 1, 1998 count, updated as of September 25, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH11

Number of Infants and Toddlers with Disabilities and Their Families Served Under
Part C, by Program Settings and Race/Ethnicity in Accordance with Part C,
During the 1998-99 School Year

STATE	WHITE			TOTAL
	RESIDENTIAL FACILITY	SERVICE PROVIDER LOCATION	OTHER SETTING	
ALABAMA	13	202	18	887
ALASKA	0	1	1	239
ARIZONA	-	-	-	-
ARKANSAS	6	40	0	1,181
CALIFORNIA	0	541	0	1,593
COLORADO	1	240	38	1,650
CONNECTICUT	0	52	0	2,257
DELAWARE	0	62	143	460
DISTRICT OF COLUMBIA	-	0	-	5
FLORIDA	-	-	-	-
GEORGIA	0	54	0	126
HAWAII	0	2	0	333
IDAHO	0	83	1	876
ILLINOIS	0	349	223	2,777
INDIANA	1	788	153	4,597
IOWA	1	11	3	894
KANSAS	0	90	8	1,417
KENTUCKY	-	-	-	-
LOUISIANA	0	151	36	865
MAINE	52	261	12	742
MARYLAND	1	89	0	2,071
MASSACHUSETTS	0	0	0	5,881
MICHIGAN	0	61	96	4,247
MINNESOTA	6	60	2	2,344
MISSISSIPPI	0	120	0	982
MISSOURI	-	-	-	-
MONTANA	0	24	0	426
NEBRASKA	5	2	2	523
NEVADA	0	191	0	544
NEW HAMPSHIRE	-	-	49	930
NEW JERSEY	3	46	40	2,695
NEW MEXICO	0	34	6	410
NEW YORK	2	17	62	7,159
NORTH CAROLINA	-	-	-	-
NORTH DAKOTA	0	5	5	239
OHIO	0	115	51	2,888
OKLAHOMA	1	25	36	1,559
OREGON	8	44	1	1,325
PENNSYLVANIA	0	90	211	5,587
PUERTO RICO	0	0	0	0
RHODE ISLAND	-	39	48	712
SOUTH CAROLINA	0	438	6	1,086
SOUTH DAKOTA	0	37	33	404
TENNESSEE	0	579	68	2,352
TEXAS	7	34	31	5,476
UTAH	0	75	5	1,504
VERMONT	0	14	0	352
VIRGINIA	14	310	12	1,669
WASHINGTON	0	130	0	1,452
WEST VIRGINIA	0	210	0	1,627
WISCONSIN	0	256	12	2,853
WYOMING	-	15	-	325
AMERICAN SAMOA	0	0	0	0
GUAM	0	0	0	20
NORTHERN MARIANAS	0	0	0	1
PALAU	-	-	-	-
VIRGIN ISLANDS	-	-	-	-
BUR. OF INDIAN AFFAIRS	-	-	-	-
U.S. AND OUTLYING AREAS	121	5,987	1,412	80,542
50 STATES, D.C. & P.R.	121	5,987	1,412	80,521

Please see data notes for an explanation of individual State differences.

Data based on the December 1, 1998 count, updated as of September 25, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH11

Percentage of Infants and Toddlers with Disabilities and Their Families Served
Under Part C, by Program Settings and Race/Ethnicity in Accordance with Part C,
During the 1998-99 School Year

STATE	WHITE		HOME	HOSPITAL
	DEVELOPMENTAL DELAY PROGRAMS	TYPICALLY DEVELOPING PROGRAMS		
ALABAMA	54.13	66.67	47.41	50.00
ALASKA	52.63	20.00	48.54	0.00
ARIZONA	.	.	.	.
ARKANSAS	55.15	54.55	67.12	100.00
CALIFORNIA	0.00	0.00	30.60	0.00
COLORADO	70.69	56.41	68.05	65.08
CONNECTICUT	37.10	74.61	65.51	0.00
DELAWARE	61.02	62.96	68.07	66.67
DISTRICT OF COLUMBIA	0.58	0.00	14.29	.
FLORIDA	.	.	.	.
GEORGIA	100.00	66.67	79.01	0.00
HAWAII	10.30	11.22	10.95	16.67
IDAHO	87.50	80.00	83.36	0.00
ILLINOIS	57.74	69.05	70.03	0.00
INDIANA	79.28	84.66	82.74	66.67
IOWA	84.04	90.12	88.55	0.00
KANSAS	69.49	65.69	76.07	50.00
KENTUCKY	.	.	.	.
LOUISIANA	45.99	64.00	51.59	0.00
MAINE	100.00	96.97	97.02	97.17
MARYLAND	62.01	67.06	56.13	50.00
MASSACHUSETTS	0.00	0.00	69.54	0.00
MICHIGAN	81.08	68.75	72.15	61.67
MINNESOTA	80.99	84.73	85.71	42.86
MISSISSIPPI	0.00	43.26	43.22	43.25
MISSOURI	.	.	.	.
MONTANA	100.00	76.92	72.95	33.33
NEBRASKA	74.00	0.00	69.38	100.00
NEVADA	61.46	77.50	64.63	75.00
NEW HAMPSHIRE	90.00	96.30	94.85	.
NEW JERSEY	58.79	45.00	64.34	32.00
NEW MEXICO	32.82	22.22	35.12	0.00
NEW YORK	54.92	58.56	77.81	100.00
NORTH CAROLINA	.	.	.	.
NORTH DAKOTA	85.71	71.43	78.42	0.00
OHIO	82.27	69.44	75.59	65.22
OKLAHOMA	70.59	75.00	73.96	93.33
OREGON	82.15	94.31	81.65	33.33
PENNSYLVANIA	80.11	69.08	74.68	33.33
PUERTO RICO	0.00	0.00	0.00	0.00
RHODE ISLAND	71.88	74.68	81.82	.
SOUTH CAROLINA	31.11	88.89	46.71	33.33
SOUTH DAKOTA	72.12	70.97	63.31	33.33
TENNESSEE	54.85	79.62	74.43	100.00
TEXAS	44.26	45.95	42.16	55.56
UTAH	89.29	66.67	79.83	0.00
VERMONT	88.89	0.00	93.01	0.00
VIRGINIA	65.01	64.89	64.95	80.00
WASHINGTON	71.88	58.76	62.71	100.00
WEST VIRGINIA	95.99	88.89	94.39	100.00
WISCONSIN	53.40	71.56	81.28	90.48
WYOMING	89.61	90.00	78.10	.
AMERICAN SAMOA	0.00	0.00	0.00	0.00
GUAM	4.23	20.00	10.00	0.00
NORTHERN MARIANAS	0.00	0.00	3.70	0.00
PALAU	.	.	.	.
VIRGIN ISLANDS	.	.	.	.
BUR. OF INDIAN AFFAIRS	.	.	.	.
U.S. AND OUTLYING AREAS	58.06	59.71	64.62	53.78
50 STATES, D.C. & P.R.	58.30	59.78	64.94	54.73

Please see data notes for an explanation of individual State differences.

Percentages are based on the counts of infants and toddlers with disabilities for whom race/ethnicity were provided.

Data based on the December 1, 1998 count, updated as of September 25, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

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Table AH11

Percentage of Infants and Toddlers with Disabilities and Their Families Served
Under Part C, by Program Settings and Race/Ethnicity in Accordance with Part C,
During the 1998-99 School Year

STATE	WHITE			TOTAL
	RESIDENTIAL FACILITY	SERVICE PROVIDER LOCATION	OTHER SETTING	
ALABAMA	72.22	66.01	78.26	55.02
ALASKA	0.00	50.00	20.00	47.90
ARIZONA	-	-	-	-
ARKANSAS	17.14	63.49	0.00	58.73
CALIFORNIA	0.00	34.24	0.00	31.75
COLORADO	100.00	63.49	82.61	67.07
CONNECTICUT	0.00	54.74	0.00	65.86
DELAWARE	0.00	60.19	50.35	59.28
DISTRICT OF COLUMBIA	-	0.00	-	2.17
FLORIDA	-	-	-	-
GEORGIA	0.00	83.08	0.00	80.77
HAWAII	0.00	3.39	0.00	10.69
IDAHO	0.00	90.22	100.00	85.05
ILLINOIS	0.00	69.66	67.99	63.96
INDIANA	20.00	83.65	86.44	82.99
IOWA	100.00	100.00	75.00	88.34
KANSAS	0.00	84.11	100.00	75.21
KENTUCKY	-	-	-	-
LOUISIANA	0.00	49.35	46.75	50.53
MAINE	100.00	97.39	100.00	97.50
MARYLAND	100.00	63.96	0.00	59.24
MASSACHUSETTS	0.00	0.00	0.00	69.54
MICHIGAN	0.00	24.30	68.57	71.78
MINNESOTA	85.71	98.36	66.67	85.02
MISSISSIPPI	0.00	43.17	0.00	43.22
MISSOURI	-	-	-	-
MONTANA	0.00	77.42	0.00	73.45
NEBRASKA	100.00	66.67	100.00	70.68
NEVADA	0.00	52.76	0.00	59.85
NEW HAMPSHIRE	-	-	90.74	94.51
NEW JERSEY	27.27	52.27	37.74	61.31
NEW MEXICO	0.00	45.95	40.00	34.83
NEW YORK	100.00	80.95	74.70	73.13
NORTH CAROLINA	-	-	-	-
NORTH DAKOTA	0.00	71.43	100.00	78.62
OHIO	0.00	58.38	76.12	76.85
OKLAHOMA	50.00	69.44	80.00	74.13
OREGON	57.14	81.48	50.00	81.59
PENNSYLVANIA	0.00	83.33	21.04	68.23
PUERTO RICO	0.00	0.00	0.00	0.00
RHODE ISLAND	-	69.64	46.60	74.40
SOUTH CAROLINA	0.00	54.82	50.00	49.50
SOUTH DAKOTA	0.00	86.05	76.74	67.90
TENNESSEE	0.00	69.84	91.89	69.85
TEXAS	38.89	44.74	37.80	42.53
UTAH	0.00	78.95	62.50	82.41
VERMONT	0.00	100.00	0.00	92.39
VIRGINIA	60.87	65.13	63.16	64.97
WASHINGTON	0.00	67.71	0.00	67.85
WEST VIRGINIA	0.00	95.02	0.00	94.70
WISCONSIN	0.00	92.09	80.00	72.17
WYOMING	-	75.00	-	81.05
AMERICAN SAMOA	0.00	0.00	0.00	0.00
GUAM	0.00	0.00	0.00	8.66
NORTHERN MARIANAS	0.00	0.00	0.00	3.03
PALAU	-	-	-	-
VIRGIN ISLANDS	-	-	-	-
BUR. OF INDIAN AFFAIRS	-	-	-	-
U.S. AND OUTLYING AREAS	57.89	58.83	49.54	62.34
50 STATES, D.C. & P.R.	58.17	58.95	49.54	62.61

Please see data notes for an explanation of individual State differences.
Percentages are based on the counts of infants and toddlers with disabilities for whom race/ethnicity were provided.

Data based on the December 1, 1998 count, updated as of September 25, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH12

**Number of Infants and Toddlers Ages Birth Through 2 Exiting Part C
Programs, by Race/Ethnicity, During the 1998-99 School Year**

STATE	AMERICAN INDIAN/ALASKA NATIVE				
	COMPLETE PRIOR TO MAX AGE	EXIT TO PART B ELIGIBLE	EXIT OTHER PROGRAMS	ELIGIBILITY WITH NO REFERRALS	NOT DETERMINED
ALABAMA	0	5	0	0	0
ALASKA	5	47	0	4	17
ARIZONA	.	.	.	.	.
ARKANSAS	0	0	0	0	0
CALIFORNIA	15	29	16	0	0
COLORADO	0	1	0	0	0
CONNECTICUT	0	4	2	0	0
DELAWARE	0	0	0	0	0
DISTRICT OF COLUMBIA	0	0	0	0	0
FLORIDA	3	4	3	0	0
GEORGIA	.	.	.	.	.
HAWAII	4	2	0	0	0
IDAHO	.	.	.	.	.
ILLINOIS	1	0	1	1	0
INDIANA	1	0	3	1	0
IOWA	3	1	1	0	0
KANSAS	2	22	1	0	0
KENTUCKY	0	.	.	.	0
LOUISIANA	0	0	1	0	1
MAINE	1	.	.	.	0
MARYLAND	1	0	0	1	0
MASSACHUSETTS	1	12	1	1	3
MICHIGAN	1	21	0	1	9
MINNESOTA	24	52	.	.	0
MISSISSIPPI	9	1	0	2	0
MISSOURI	0	0	0	0	0
MONTANA	8	12	6	3	4
NEBRASKA	.	7	.	.	5
NEVADA	1	0	0	8	0
NEW HAMPSHIRE	0	2	0	.	.
NEW JERSEY	0	0	0	0	1
NEW MEXICO	5	16	7	0	13
NEW YORK	0	10	0	0	1
NORTH CAROLINA	.	.	.	.	.
NORTH DAKOTA	0	20	1	0	0
OHIO	0	0	0	1	0
OKLAHOMA	10	33	6	5	14
OREGON	1	0	0	0	0
PENNSYLVANIA	0	7	0	0	1
PUERTO RICO	0	0	0	0	0
RHODE ISLAND	0	0	1	0	.
SOUTH CAROLINA	1	2	0	0	1
SOUTH DAKOTA	2	32	8	5	4
TENNESSEE	0	0	1	0	0
TEXAS	1	11	1	0	7
UTAH	.	.	.	.	.
VERMONT	0	1	0	0	0
VIRGINIA	1	1	0	0	0
WASHINGTON	10	37	3	1	6
WEST VIRGINIA	0	0	0	0	0
WISCONSIN	4	8	.	.	1
WYOMING	1	6	0	0	.
AMERICAN SAMOA	0	0	0	0	0
GUAM	0	0	0	0	0
NORTHERN MARIANAS	0	0	0	0	0
PALAU	.	.	.	.	.
VIRGIN ISLANDS	0	0	0	0	0
BUR. OF INDIAN AFFAIRS	.	.	.	.	.
U.S. AND OUTLYING AREAS	116	406	63	34	88
50 STATES, D.C. & P.R.	116	406	63	34	88

Please see data notes for an explanation of individual State differences.

Data based on the December 1, 1998 count, updated as of September 26, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH12

**Number of Infants and Toddlers Ages Birth Through 2 Exiting Part C
Programs, by Race/Ethnicity, During the 1998-99 School Year**

AMERICAN INDIAN/ALASKA NATIVE

STATE	DECEASED	MOVED OUT OF STATE	WITHDRAWAL BY PARENT	UNSUCCESSFUL CONTACT	TOTAL
ALABAMA	0	0	0	4	9
ALASKA	1	6	31	0	111
ARIZONA	.	.	.	.	.
ARKANSAS	0	0	0	0	0
CALIFORNIA	0	0	0	0	60
COLORADO	0	0	4	0	5
CONNECTICUT	0	0	1	0	7
DELAWARE	0	0	0	0	0
DISTRICT OF COLUMBIA	0	0	0	0	0
FLORIDA	0	0	1	2	13
GEORGIA	0	0	0	0	0
HAWAII	0	2	3	0	11
IDAH0	.	.	.	.	.
ILLINOIS	0	0	0	0	3
INDIANA	0	0	1	1	7
IOWA	1	1	0	0	7
KANSAS	0	2	0	0	27
KENTUCKY	0	0	0	0	0
LOUISIANA	1	0	2	0	5
MAINE	0	1	2	.	4
MARYLAND	0	0	0	0	2
MASSACHUSETTS	0	.	1	0	19
MICHIGAN	1	1	1	30	65
MINNESOTA	1	1	0	.	78
MISSISSIPPI	2	2	0	.	239
MISSOURI	0	0	0	0	0
MONTANA	4	12	5	6	60
NEBRASKA	0	.	0	.	12
NEVADA	0	3	0	0	12
NEW HAMPSHIRE	0	0	0	1	3
NEW JERSEY	0	8	0	0	9
NEW MEXICO	0	6	10	4	61
NEW YORK	0	0	0	2	13
NORTH CAROLINA	.	.	.	.	.
NORTH DAKOTA	0	3	1	3	28
OHIO	0	0	0	0	1
OKLAHOMA	2	21	23	13	127
OREGON	1	0	0	1	3
PENNSYLVANIA	0	1	0	0	9
PUERTO RICO	0	0	0	0	0
RHODE ISLAND	2	0	3	0	6
SOUTH CAROLINA	0	0	1	0	5
SOUTH DAKOTA	1	10	9	7	78
TENNESSEE	1	3	14	0	19
TEXAS	0	2	3	2	27
UTAH	.	.	.	.	.
VERMONT	0	0	0	0	1
VIRGINIA	0	1	0	0	3
WASHINGTON	1	0	8	2	68
WEST VIRGINIA	0	0	0	0	.
WISCONSIN	1	4	3	3	24
WYOMING	0	0	1	2	10
AMERICAN SAMOA	0	0	0	0	0
GUAM	0	0	0	0	0
NORTHERN MARIANAS	0	0	0	0	0
PALAU	.	.	.	.	.
VIRGIN ISLANDS	0	0	0	0	0
BUR. OF INDIAN AFFAIRS	.	.	.	.	.
U.S. AND OUTLYING AREAS	20	90	128	83	1,251
50 STATES, D.C. & P.R.	20	90	128	83	1,251

Please see data notes for an explanation of individual State differences.

Data based on the December 1, 1998 count, updated as of September 26, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH12

**Percentage of Infants and Toddlers Ages Birth Through 2 Exiting Part C
Programs, by Race/Ethnicity, During the 1998-99 School Year**

STATE	AMERICAN INDIAN/ALASKA NATIVE				
	COMPLETE PRIOR TO MAX AGE	EXIT TO PART B ELIGIBLE	EXIT OTHER PROGRAMS	ELIGIBILITY WITH NO REFERRALS	NOT DETERMINED
ALABAMA	0.00	0.60	0.00	0.00	0.00
ALASKA	13.51	29.19	0.00	36.36	36.17
ARIZONA	.	.	.	.	.
ARKANSAS	0.00	0.00	0.00	0.00	0.00
CALIFORNIA	0.51	0.40	0.53	0.00	0.00
COLORADO	0.00	0.22	0.00	0.00	0.00
CONNECTICUT	0.00	0.30	0.62	0.00	0.00
DELAWARE	0.00	0.00	0.00	0.00	0.00
DISTRICT OF COLUMBIA	0.00	0.00	0.00	0.00	0.00
FLORIDA	0.12	0.11	0.13	0.00	0.00
GEORGIA	.	.	.	.	.
HAWAII	1.74	0.79	0.00	0.00	0.00
IDAHO	.	.	.	.	.
ILLINOIS	0.22	0.00	3.70	0.15	0.00
INDIANA	0.14	0.00	0.32	0.26	0.00
IOWA	4.55	0.28	1.18	0.00	0.00
KANSAS	0.71	2.32	1.37	0.00	0.00
KENTUCKY	0.00	.	.	.	0.00
LOUISIANA	0.00	0.00	5.88	0.00	2.86
MAINE	0.50	.	.	.	0.00
MARYLAND	0.21	0.00	0.00	0.20	0.00
MASSACHUSETTS	0.10	0.37	0.26	0.29	1.00
MICHIGAN	0.59	1.10	0.00	0.45	1.41
MINNESOTA	3.56	2.27	.	.	0.00
MISSISSIPPI	0.78	0.27	0.00	0.48	0.00
MISSOURI	0.00	0.00	0.00	0.00	0.00
MONTANA	14.29	8.33	17.65	9.09	23.53
NEBRASKA	.	0.99	.	.	3.33
NEVADA	1.85	0.00	0.00	2.09	0.00
NEW HAMPSHIRE	0.00	0.49	0.00	.	.
NEW JERSEY	0.00	0.00	0.00	0.00	0.13
NEW MEXICO	18.52	9.82	12.73	0.00	11.02
NEW YORK	0.00	0.21	0.00	0.00	0.17
NORTH CAROLINA	.	.	.	.	.
NORTH DAKOTA	0.00	14.49	8.33	0.00	0.00
OHIO	0.00	0.00	0.00	0.54	0.00
OKLAHOMA	6.94	10.48	6.45	6.49	10.85
OREGON	3.13	0.00	0.00	0.00	0.00
PENNSYLVANIA	0.00	0.22	0.00	0.00	0.13
PUERTO RICO	0.00	0.00	0.00	0.00	0.00
RHODE ISLAND	0.00	0.00	0.99	0.00	.
SOUTH CAROLINA	0.29	0.28	0.00	0.00	0.46
SOUTH DAKOTA	25.00	18.08	42.11	25.00	40.00
TENNESSEE	0.00	0.00	0.57	0.00	0.00
TEXAS	0.06	0.25	0.18	0.00	0.40
UTAH	.	.	.	.	.
VERMONT	0.00	0.44	0.00	0.00	0.00
VIRGINIA	0.35	0.10	0.00	0.00	0.00
WASHINGTON	6.54	3.65	3.06	1.72	5.66
WEST VIRGINIA	0.00	0.00	0.00	0.00	0.00
WISCONSIN	1.75	3.76	.	.	0.52
WYOMING	5.26	3.28	0.00	0.00	.
AMERICAN SAMOA	0.00	0.00	0.00	0.00	0.00
GUAM	0.00	0.00	0.00	0.00	0.00
NORTHERN MARIANAS	0.00	0.00	0.00	0.00	0.00
PALAU	.	.	.	.	.
VIRGIN ISLANDS	0.00	0.00	0.00	0.00	0.00
BUR. OF INDIAN AFFAIRS	.	.	.	.	.
U.S. AND OUTLYING AREAS	0.63	0.82	0.60	0.63	1.07
50 STATES, D.C. & P.R.	0.63	0.82	0.60	0.63	1.07

Please see data notes for an explanation of individual State differences.
Percentages are based on the counts of infants and toddlers with disabilities for whom race/ethnicity were provided.

Data based on the December 1, 1998 count, updated as of September 26, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH12

**Percentage of Infants and Toddlers Ages Birth Through 2 Exiting Part C
Programs, by Race/Ethnicity, During the 1998-99 School Year**

STATE	AMERICAN INDIAN/ALASKA NATIVE				
	DECEASED	MOVED OUT OF STATE	WITHDRAWAL BY PARENT	UNSUCCESSFUL CONTACT	TOTAL
ALABAMA	0.00	0.00	0.00	2.04	0.64
ALASKA	100.00	13.64	55.36	0.00	31.09
ARIZONA	.	.	.	.	.
ARKANSAS	0.00	0.00	0.00	0.00	0.00
CALIFORNIA	0.00	0.00	0.00	0.00	0.44
COLORADO	0.00	0.00	2.15	0.00	0.44
CONNECTICUT	0.00	0.00	0.35	0.00	0.23
DELAWARE	0.00	0.00	0.00	0.00	0.00
DISTRICT OF COLUMBIA	0.00	0.00	0.00	0.00	0.00
FLORIDA	0.00	0.00	0.08	0.16	0.12
GEORGIA	0.00	0.00	0.00	0.00	0.00
HAWAII	0.00	1.54	0.97	0.00	0.64
IDAHO	.	.	.	.	.
ILLINOIS	0.00	0.00	0.00	0.00	0.14
INDIANA	0.00	0.00	0.21	0.88	0.17
IOWA	6.67	1.89	0.00	0.00	1.06
KANSAS	0.00	1.01	0.00	0.00	1.56
KENTUCKY	0.00	0.00	0.00	0.00	0.00
LOUISIANA	7.69	0.00	4.17	0.00	1.06
MAINE	0.00	0.56	0.72	.	0.58
MARYLAND	0.00	0.00	0.00	0.00	0.07
MASSACHUSETTS	0.00	.	0.30	0.00	0.31
MICHIGAN	2.38	0.53	0.83	2.97	1.49
MINNESOTA	5.88	2.04	0.00	.	2.55
MISSISSIPPI	0.73	0.44	0.00	.	23.92
MISSOURI	0.00	0.00	0.00	0.00	0.00
MONTANA	44.44	18.46	8.93	33.33	13.89
NEBRASKA	0.00	.	0.00	.	1.38
NEVADA	0.00	2.70	0.00	0.00	1.40
NEW HAMPSHIRE	0.00	0.00	0.00	1.03	0.46
NEW JERSEY	0.00	3.86	0.00	0.00	0.23
NEW MEXICO	0.00	8.96	12.99	23.53	11.03
NEW YORK	0.00	0.00	0.00	1.34	0.17
NORTH CAROLINA	.	.	.	.	.
NORTH DAKOTA	0.00	8.57	6.25	60.00	11.86
OHIO	0.00	0.00	0.00	0.00	0.09
OKLAHOMA	9.52	10.71	9.66	12.75	9.66
OREGON	16.67	0.00	0.00	1.54	1.69
PENNSYLVANIA	0.00	0.51	0.00	0.00	0.14
PUERTO RICO	0.00	0.00	0.00	0.00	0.00
RHODE ISLAND	26.57	0.00	2.42	0.00	0.77
SOUTH CAROLINA	0.00	0.00	0.41	0.00	0.26
SOUTH DAKOTA	33.33	52.63	36.00	63.64	26.71
TENNESSEE	1.52	1.55	2.15	0.00	0.49
TEXAS	0.00	0.34	0.10	0.17	0.20
UTAH	.	.	.	.	.
VERMONT	0.00	0.00	0.00	0.00	0.31
VIRGINIA	0.00	0.39	0.00	0.00	0.13
WASHINGTON	5.00	0.00	5.30	2.41	3.85
WEST VIRGINIA	0.00	0.00	0.00	0.00	.
WISCONSIN	3.33	1.90	1.57	2.63	2.03
WYOMING	0.00	0.00	7.14	28.57	3.58
AMERICAN SAMOA	0.00	0.00	0.00	0.00	0.00
GUAM	0.00	0.00	0.00	0.00	0.00
NORTHERN MARIANAS	0.00	0.00	0.00	0.00	0.00
PALAU	.	.	.	.	.
VIRGIN ISLANDS	0.00	0.00	0.00	0.00	0.00
BUR. OF INDIAN AFFAIRS	.	.	.	.	.
U.S. AND OUTLYING AREAS	1.10	1.63	1.07	1.10	1.07
50 STATES, D.C. & P.R.	1.11	1.64	1.08	1.10	1.08

Please see data notes for an explanation of individual State differences.
Percentages are based on the counts of infants and toddlers with disabilities for whom race/ethnicity were provided.

Data based on the December 1, 1998 count, updated as of September 26, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH12

**Number of Infants and Toddlers Ages Birth Through 2 Exiting Part C
Programs, by Race/Ethnicity, During the 1998-99 School Year**

STATE	ASIAN/PACIFIC ISLANDER					NOT DETERMINED
	COMPLETE PRIOR TO MAX AGE	EXIT TO PART B ELIGIBLE	EXIT OTHER PROGRAMS	ELIGIBILITY WITH NO REFERRALS		
ALABAMA	0	3	0	0		0
ALASKA	3	7	0	0		2
ARIZONA	.	.	.	.		.
ARKANSAS	0	6	0	0		0
CALIFORNIA	125	536	164	0		0
COLORADO	0	6	0	0		0
CONNECTICUT	31	17	9	5		2
DELAWARE	0	2	0	2		0
DISTRICT OF COLUMBIA	0	0	0	0		0
FLORIDA	17	23	15	0		0
GEORGIA	.	.	.	.		.
HAWAII	174	190	256	95		206
IDAHO	.	.	.	.		.
ILLINOIS	8	3	0	6		0
INDIANA	7	7	6	3		0
IOWA	3	5	0	0		0
KANSAS	7	11	1	0		1
KENTUCKY	1	.	.	.		12
LOUISIANA	0	2	0	0		0
MAINE	2	.	.	.		0
MARYLAND	11	20	1	14		0
MASSACHUSETTS	40	71	25	7		8
MICHIGAN	5	27	0	0		7
MINNESOTA	13	50	.	.		0
MISSISSIPPI	5	1	0	1		0
MISSOURI	2	4	0	0		0
MONTANA	0	1	0	1		1
NEBRASKA	.	12	.	.		3
NEVADA	3	8	0	19		1
NEW HAMPSHIRE	1	7	0	.		.
NEW JERSEY	13	54	11	1		25
NEW MEXICO	1	3	0	0		0
NEW YORK	33	60	0	3		34
NORTH CAROLINA	.	.	.	.		.
NORTH DAKOTA	1	1	1	1		0
OHIO	3	3	0	1		0
OKLAHOMA	0	4	1	2		2
OREGON	0	0	0	0		0
PENNSYLVANIA	12	47	0	6		33
PUERTO RICO	0	0	0	0		0
RHODE ISLAND	1	5	2	2		.
SOUTH CAROLINA	1	4	0	1		0
SOUTH DAKOTA	0	5	0	0		0
TENNESSEE	4	20	4	3		0
TEXAS	46	86	9	8		36
UTAH	.	.	.	.		.
VERMONT	0	2	1	0		0
VIRGINIA	6	22	4	5		0
WASHINGTON	6	43	10	1		6
WEST VIRGINIA	0	0	0	0		0
WISCONSIN	5	5	.	.		4
WYOMING	0	0	0	0		.
AMERICAN SAMOA	16	0	10	0		0
GUAM	0	18	0	46		0
NORTHERN MARIANAS	2	17	1	0		2
PALAU	.	.	.	.		.
VIRGIN ISLANDS	0	0	0	0		0
BUR. OF INDIAN AFFAIRS	.	.	.	.		.
U.S. AND OUTLYING AREAS	608	1,418	533	233		385
50 STATES, D.C. & P.R.	590	1,383	522	187		383

Please see data notes for an explanation of individual State differences.

Data based on the December 1, 1998 count, updated as of September 26, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH12

**Number of Infants and Toddlers Ages Birth Through 2 Exiting Part C
Programs, by Race/Ethnicity, During the 1998-99 School Year**

ASIAN/PACIFIC ISLANDER

STATE	DECEASED	MOVED OUT OF STATE	WITHDRAWAL BY PARENT	UNSUCCESSFUL CONTACT	TOTAL
ALABAMA	0	1	0	0	4
ALASKA	0	1	0	0	13
ARIZONA	.	.	.	.	.
ARKANSAS	0	0	0	0	6
CALIFORNIA	20	0	0	0	845
COLORADO	0	5	3	4	18
CONNECTICUT	0	3	6	2	75
DELAWARE	0	0	0	0	4
DISTRICT OF COLUMBIA	1	0	0	0	1
FLORIDA	1	0	8	8	72
GEORGIA	0	0	0	0	0
HAWAII	11	76	268	83	1,359
IDAHO	.	.	.	.	.
ILLINOIS	0	5	2	3	27
INDIANA	1	5	2	1	34
IOWA	0	0	0	0	8
KANSAS	0	6	0	0	26
KENTUCKY	0	1	3	1	18
LOUISIANA	0	2	1	0	5
MAINE	0	2	2	.	6
MARYLAND	1	8	11	0	66
MASSACHUSETTS	1	.	14	5	171
MICHIGAN	0	2	4	16	61
MINNESOTA	2	1	0	.	66
MISSISSIPPI	0	1	1	.	501
MISSOURI	0	3	0	2	11
MONTANA	0	0	3	0	6
NEBRASKA	0	.	0	.	15
NEVADA	1	3	3	4	42
NEW HAMPSHIRE	0	1	1	1	11
NEW JERSEY	2	6	7	6	125
NEW MEXICO	0	2	3	0	9
NEW YORK	1	9	1	0	141
NORTH CAROLINA	.	.	.	.	.
NORTH DAKOTA	0	0	0	0	4
OHIO	0	0	1	0	8
OKLAHOMA	1	2	4	0	16
OREGON	0	0	0	0	0
PENNSYLVANIA	0	10	19	2	129
PUERTO RICO	0	0	0	0	0
RHODE ISLAND	0	1	4	0	15
SOUTH CAROLINA	0	2	1	0	9
SOUTH DAKOTA	0	1	2	0	8
TENNESSEE	0	2	3	3	39
TEXAS	3	16	59	6	269
UTAH	.	.	.	.	.
VERMONT	0	0	0	0	3
VIRGINIA	0	6	4	4	52
WASHINGTON	0	3	3	2	74
WEST VIRGINIA	0	0	0	0	.
WISCONSIN	3	4	3	6	30
WYOMING	0	1	0	0	1
AMERICAN SAMOA	3	4	3	0	36
GUAM	3	8	23	12	110
NORTHERN MARIANAS	5	2	0	1	30
PALAU	.	.	.	.	.
VIRGIN ISLANDS	0	1	0	0	1
BUR. OF INDIAN AFFAIRS	.	.	.	.	.
U.S. AND OUTLYING AREAS	60	206	472	172	4,580
50 STATES, D.C. & P.R.	49	191	446	159	4,403

Please see data notes for an explanation of individual State differences.

Data based on the December 1, 1998 count, updated as of September 26, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH12

Percentage of Infants and Toddlers Ages Birth Through 2 Exiting Part C
Programs, by Race/Ethnicity, During the 1998-99 School Year

STATE	ASIAN/PACIFIC ISLANDER				
	COMPLETE PRIOR TO MAX AGE	EXIT TO PART B ELIGIBLE	EXIT OTHER PROGRAMS	ELIGIBILITY WITH NO REFERRALS	NOT DETERMINED
ALABAMA	0.00	0.36	0.00	0.00	0.00
ALASKA	8.11	4.35	0.00	0.00	4.26
ARIZONA	.	.	.	.	.
ARKANSAS	0.00	1.08	0.00	0.00	0.00
CALIFORNIA	4.29	7.30	5.44	0.00	0.00
COLORADO	0.00	1.34	0.00	0.00	0.00
CONNECTICUT	6.09	1.27	2.79	1.96	1.85
DELAWARE	0.00	1.06	0.00	0.82	0.00
DISTRICT OF COLUMBIA	0.00	0.00	0.00	0.00	0.00
FLORIDA	0.65	0.66	0.66	0.00	0.00
GEORGIA	.	.	.	.	.
HAWAII	75.65	74.80	81.01	79.83	83.06
IDAHO	.	.	.	.	.
ILLINOIS	1.75	1.02	0.00	0.91	0.00
INDIANA	0.95	0.67	0.86	0.78	0.00
IOWA	4.55	1.41	0.00	0.00	0.00
KANSAS	2.47	1.16	1.37	0.00	4.76
KENTUCKY	0.78	.	.	.	0.91
LOUISIANA	0.00	0.69	0.00	0.00	0.00
MAINE	1.00	.	.	.	0.00
MARYLAND	2.35	1.93	0.88	2.83	0.00
MASSACHUSETTS	3.95	2.17	6.54	2.05	2.66
MICHIGAN	2.94	1.41	0.00	0.00	1.10
MINNESOTA	1.93	2.19	.	.	0.00
MISSISSIPPI	0.43	0.27	0.00	0.24	0.00
MISSOURI	2.22	0.91	0.00	0.00	0.00
MONTANA	0.00	0.69	0.00	3.03	5.88
NEBRASKA	.	1.70	.	.	2.00
NEVADA	5.56	6.90	0.00	4.97	8.33
NEW HAMPSHIRE	1.64	1.71	0.00	.	.
NEW JERSEY	3.19	3.19	3.89	1.27	3.16
NEW MEXICO	3.70	1.84	0.00	0.00	0.00
NEW YORK	2.50	1.25	0.00	6.67	5.77
NORTH CAROLINA	.	.	.	.	.
NORTH DAKOTA	6.25	0.72	8.33	12.50	0.00
OHIO	2.61	0.92	0.00	0.54	0.00
OKLAHOMA	0.00	1.27	1.08	2.60	1.55
OREGON	0.00	0.00	0.00	0.00	0.00
PENNSYLVANIA	1.47	1.47	0.00	1.90	4.34
PUERTO RICO	0.00	0.00	0.00	0.00	0.00
RHODE ISLAND	1.41	1.48	1.98	5.71	.
SOUTH CAROLINA	0.29	0.56	0.00	1.19	0.00
SOUTH DAKOTA	0.00	2.82	0.00	0.00	0.00
TENNESSEE	0.88	1.38	2.27	2.16	0.00
TEXAS	2.81	1.94	1.66	2.94	2.05
UTAH	.	.	.	.	.
VERMONT	0.00	0.88	5.56	0.00	0.00
VIRGINIA	2.13	2.14	1.77	2.20	0.00
WASHINGTON	3.92	4.24	10.20	1.72	5.66
WEST VIRGINIA	0.00	0.00	0.00	0.00	0.00
WISCONSIN	2.18	2.35	.	.	2.08
WYOMING	0.00	0.00	0.00	0.00	.
AMERICAN SAMOA	100.00	0.00	100.00	0.00	0.00
GUAM	0.00	100.00	0.00	100.00	0.00
NORTHERN MARIANAS	100.00	100.00	100.00	0.00	100.00
PALAU	.	.	.	.	.
VIRGIN ISLANDS	0.00	0.00	0.00	0.00	0.00
BUR. OF INDIAN AFFAIRS	.	.	.	.	.
U.S. AND OUTLYING AREAS	3.30	2.86	5.04	4.29	4.68
50 STATES, D.C. & P.R.	3.21	2.80	4.94	3.48	4.65

Please see data notes for an explanation of individual State differences.

Percentages are based on the counts of infants and toddlers with disabilities for whom race/ethnicity were provided.

Data based on the December 1, 1998 count, updated as of September 26, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH12

Percentage of Infants and Toddlers Ages Birth Through 2 Exiting Part C
Programs, by Race/Ethnicity, During the 1998-99 School Year

ASIAN/PACIFIC ISLANDER

STATE	DECEASED	MOVED OUT OF STATE	WITHDRAWAL BY PARENT	UNSUCCESSFUL CONTACT	TOTAL
ALABAMA	0.00	1.06	0.00	0.00	0.29
ALASKA	0.00	2.27	0.00	0.00	3.64
ARIZONA	.	.	.	.	.
ARKANSAS	0.00	0.00	0.00	0.00	0.50
CALIFORNIA	7.09	0.00	0.00	0.00	6.24
COLORADO	0.00	2.81	1.61	2.11	1.59
CONNECTICUT	0.00	2.01	2.10	1.65	2.41
DELAWARE	0.00	0.00	0.00	0.00	0.63
DISTRICT OF COLUMBIA	33.33	0.00	0.00	0.00	0.96
FLORIDA	0.86	0.00	0.63	0.62	0.65
GEORGIA	0.00	0.00	0.00	0.00	0.00
HAWAII	91.67	58.46	86.45	91.21	79.47
IDAHO	.	.	.	.	.
ILLINOIS	0.00	5.49	0.69	0.96	1.25
INDIANA	2.00	1.96	0.42	0.88	0.85
IOWA	0.00	0.00	0.00	0.00	1.22
KANSAS	0.00	3.02	0.00	0.00	1.50
KENTUCKY	0.00	1.09	1.09	0.75	0.91
LOUISIANA	0.00	5.56	2.08	0.00	1.06
MAINE	0.00	1.13	0.72	.	0.87
MARYLAND	7.14	6.35	2.88	0.00	2.40
MASSACHUSETTS	0.57	.	4.23	1.55	2.79
MICHIGAN	0.00	1.07	3.31	1.58	1.40
MINNESOTA	11.76	2.04	0.00	.	2.16
MISSISSIPPI	0.00	0.22	0.28	.	50.15
MISSOURI	0.00	4.92	0.00	1.41	0.84
MONTANA	0.00	0.00	5.36	0.00	1.39
NEBRASKA	0.00	.	0.00	.	1.73
NEVADA	7.14	2.70	3.37	5.41	4.91
NEW HAMPSHIRE	0.00	1.89	2.94	1.03	1.67
NEW JERSEY	4.35	2.90	3.35	3.35	3.21
NEW MEXICO	0.00	2.99	3.90	0.00	1.63
NEW YORK	1.85	3.44	0.36	0.00	1.88
NORTH CAROLINA	.	.	.	.	.
NORTH DAKOTA	0.00	0.00	0.00	0.00	1.69
OHIO	0.00	0.00	0.60	0.00	0.73
OKLAHOMA	4.76	1.02	1.68	0.00	1.22
OREGON	0.00	0.00	0.00	0.00	0.00
PENNSYLVANIA	0.00	5.10	2.11	1.46	2.02
PUERTO RICO	0.00	0.00	0.00	0.00	0.00
RHODE ISLAND	0.00	2.33	3.23	0.00	1.93
SOUTH CAROLINA	0.00	1.92	0.41	0.00	0.47
SOUTH DAKOTA	0.00	5.26	8.00	0.00	2.74
TENNESSEE	0.00	1.04	0.46	0.53	1.01
TEXAS	2.40	2.71	2.03	0.51	2.00
UTAH	.	.	.	.	.
VERMONT	0.00	0.00	0.00	0.00	0.93
VIRGINIA	0.00	2.34	2.19	2.42	2.18
WASHINGTON	0.00	3.57	1.99	2.41	4.19
WEST VIRGINIA	0.00	0.00	0.00	0.00	.
WISCONSIN	10.00	1.90	1.57	5.26	2.54
WYOMING	0.00	2.94	0.00	0.00	0.36
AMERICAN SAMOA	100.00	100.00	100.00	0.00	100.00
GUAM	100.00	100.00	100.00	100.00	91.67
NORTHERN MARIANAS	100.00	100.00	0.00	100.00	100.00
PALAU	.	.	.	.	.
VIRGIN ISLANDS	0.00	5.88	0.00	0.00	1.37
BUR. OF INDIAN AFFAIRS	.	.	.	.	.
U.S. AND OUTLYING AREAS	3.31	3.74	3.96	2.28	3.93
50 STATES, D.C. & P.R.	2.72	3.49	3.75	2.11	3.79

Please see data notes for an explanation of individual State differences.

Percentages are based on the counts of infants and toddlers with disabilities for whom race/ethnicity were provided.

Data based on the December 1, 1998 count, updated as of September 26, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH12

**Number of Infants and Toddlers Ages Birth Through 2 Exiting Part C
Programs, by Race/Ethnicity, During the 1998-99 School Year**

STATE	BLACK				
	COMPLETE PRIOR TO MAX AGE	EXIT TO PART B ELIGIBLE	EXIT OTHER PROGRAMS	ELIGIBILITY WITH NO REFERRALS	NOT DETERMINED
ALABAMA	0	408	58	6	0
ALASKA	3	10	0	0	4
ARIZONA	.	.	.	.	.
ARKANSAS	27	195	21	7	11
CALIFORNIA	463	742	508	0	0
COLORADO	1	12	1	0	0
CONNECTICUT	74	201	49	36	20
DELAWARE	5	49	46	69	16
DISTRICT OF COLUMBIA	16	22	25	2	1
FLORIDA	735	988	646	11	0
GEORGIA	.	.	.	.	.
HAWAII	4	11	10	3	2
IDAHO	.	.	.	.	.
ILLINOIS	90	50	9	123	6
INDIANA	97	142	155	41	7
IOWA	4	14	0	3	0
KANSAS	21	96	6	2	1
KENTUCKY	11	.	.	.	109
LOUISIANA	17	135	4	0	19
MAINE	1	.	.	.	0
MARYLAND	92	262	56	112	0
MASSACHUSETTS	81	258	68	42	22
MICHIGAN	16	311	10	62	203
MINNESOTA	100	157	.	.	3
MISSISSIPPI	613	197	168	221	123
MISSOURI	6	78	32	3	11
MONTANA	0	3	0	0	0
NEBRASKA	.	42	.	.	6
NEVADA	6	22	0	32	0
NEW HAMPSHIRE	1	2	0	.	.
NEW JERSEY	87	319	31	8	185
NEW MEXICO	0	4	4	1	2
NEW YORK	108	733	3	16	187
NORTH CAROLINA	.	.	.	.	.
NORTH DAKOTA	0	3	0	0	2
OHIO	10	45	23	27	0
OKLAHOMA	17	27	7	10	15
OREGON	0	0	0	0	0
PENNSYLVANIA	110	458	1	43	467
PUERTO RICO	0	1	0	0	0
RHODE ISLAND	4	24	10	5	.
SOUTH CAROLINA	143	342	28	34	110
SOUTH DAKOTA	0	2	1	0	0
TENNESSEE	120	346	67	38	47
TEXAS	168	569	103	33	276
UTAH	.	.	.	.	.
VERMONT	0	6	1	0	0
VIRGINIA	78	284	63	63	0
WASHINGTON	8	75	7	1	9
WEST VIRGINIA	0	0	0	0	0
WISCONSIN	13	11	.	.	11
WYOMING	0	2	0	0	.
AMERICAN SAMOA	0	0	0	0	0
GUAM	0	0	0	0	0
NORTHERN MARIANAS	0	0	0	0	0
PALAU	.	.	.	.	.
VIRGIN ISLANDS	3	25	1	8	0
BUR. OF INDIAN AFFAIRS	.	.	.	.	.
U.S. AND OUTLYING AREAS	3,353	7,683	2,222	1,062	1,875
50 STATES, D.C. & P.R.	3,350	7,658	2,221	1,054	1,875

Please see data notes for an explanation of individual State differences.

Data based on the December 1, 1998 count, updated as of September 26, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH12

**Number of Infants and Toddlers Ages Birth Through 2 Exiting Part C
Programs, by Race/Ethnicity, During the 1998-99 School Year**

STATE	BLACK				TOTAL
	DECEASED	MOVED OUT OF STATE	WITHDRAWAL BY PARENT	UNSUCCESSFUL CONTACT	
ALABAMA	19	25	41	119	676
ALASKA	0	1	4	0	22
ARIZONA	.	.	.	.	.
ARKANSAS	4	18	51	13	347
CALIFORNIA	29	0	0	0	1,742
COLORADO	1	7	10	14	46
CONNECTICUT	3	21	45	19	468
DELAWARE	0	2	2	1	190
DISTRICT OF COLUMBIA	2	3	3	7	81
FLORIDA	33	0	360	365	3,138
GEORGIA	0	0	0	2	2
HAWAII	0	8	2	2	42
IDAHO	.	.	.	.	.
ILLINOIS	7	11	39	104	439
INDIANA	6	38	96	26	608
IOWA	2	4	0	0	27
KANSAS	4	23	7	9	169
KENTUCKY	2	8	23	11	163
LOUISIANA	6	11	27	0	219
MAINE	0	1	2	.	4
MARYLAND	10	25	173	64	794
MASSACHUSETTS	9	.	30	50	560
MICHIGAN	9	25	16	399	1,051
MINNESOTA	1	7	1	.	269
MISSISSIPPI	166	251	199	.	2
MISSOURI	9	2	11	60	212
MONTANA	0	0	0	0	3
NEBRASKA	0	.	1	.	49
NEVADA	0	14	13	15	102
NEW HAMPSHIRE	0	0	1	1	5
NEW JERSEY	19	47	58	81	835
NEW MEXICO	0	3	1	0	15
NEW YORK	11	30	77	60	1,225
NORTH CAROLINA	.	.	.	.	.
NORTH DAKOTA	0	4	0	0	9
OHIO	3	26	31	16	181
OKLAHOMA	1	16	25	14	132
OREGON	0	0	0	4	4
PENNSYLVANIA	15	42	269	92	1,497
PUERTO RICO	0	0	0	0	1
RHODE ISLAND	1	5	16	8	73
SOUTH CAROLINA	23	40	111	51	882
SOUTH DAKOTA	0	0	0	1	4
TENNESSEE	17	31	157	185	1,008
TEXAS	21	62	439	243	1,914
UTAH	.	.	.	.	.
VERMONT	0	0	0	0	7
VIRGINIA	6	70	50	46	658
WASHINGTON	4	7	16	5	132
WEST VIRGINIA	0	0	0	0	.
WISCONSIN	3	17	22	47	124
WYOMING	0	0	4	2	8
AMERICAN SAMOA	0	0	0	0	0
GUAM	0	0	0	0	0
NORTHERN MARIANAS	0	0	0	0	0
PALAU	.	.	.	.	.
VIRGIN ISLANDS	1	11	2	1	52
BUR. OF INDIAN AFFAIRS	.	.	.	.	.
U.S. AND OUTLYING AREAS	447	916	2,435	2,137	20,191
50 STATES, D.C. & P.R.	446	905	2,433	2,136	20,139

Please see data notes for an explanation of individual State differences.

Data based on the December 1, 1998 count, updated as of September 26, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH12

Percentage of Infants and Toddlers Ages Birth Through 2 Exiting Part C
Programs, by Race/Ethnicity, During the 1998-99 School Year

STATE	BLACK				
	COMPLETE PRIOR TO MAX AGE	EXIT TO PART B ELIGIBLE	EXIT OTHER PROGRAMS	ELIGIBILITY WITH NO REFERRALS	NOT DETERMINED
ALABAMA	0.00	48.92	44.27	46.15	0.00
ALASKA	8.11	6.21	0.00	0.00	8.51
ARIZONA	.	.	.	.	.
ARKANSAS	26.21	34.95	33.33	19.44	47.83
CALIFORNIA	15.88	10.11	16.85	0.00	0.00
COLORADO	2.50	2.68	3.13	0.00	0.00
CONNECTICUT	14.54	15.02	15.17	14.12	19.52
DELAWARE	31.25	26.06	38.02	28.40	33.33
DISTRICT OF COLUMBIA	80.00	66.67	100.00	100.00	100.00
FLORIDA	28.27	28.27	28.25	28.21	0.00
GEORGIA	.	.	.	.	.
HAWAII	1.74	4.33	3.16	2.52	0.81
IDAHO	.	.	.	.	.
ILLINOIS	19.69	17.06	33.33	18.64	46.15
INDIANA	13.13	13.60	16.63	10.59	31.82
IOWA	6.06	3.95	0.00	7.14	0.00
KANSAS	7.42	10.13	6.22	4.88	4.76
KENTUCKY	8.53	.	.	.	8.28
LOUISIANA	51.52	46.88	23.53	0.00	54.29
MAINE	0.50	.	.	.	0.00
MARYLAND	19.66	25.24	49.12	22.63	0.00
MASSACHUSETTS	8.00	7.88	17.80	12.28	7.31
MICHIGAN	9.41	16.25	16.67	27.93	31.77
MINNESOTA	14.84	6.86	.	.	14.29
MISSISSIPPI	53.03	53.39	52.66	52.87	55.41
MISSOURI	6.67	17.77	9.76	11.54	22.00
MONTANA	0.00	2.08	0.00	0.00	0.00
NEBRASKA	.	5.96	.	.	4.00
NEVADA	11.11	18.97	0.00	8.38	0.00
NEW HAMPSHIRE	1.64	0.49	0.00	.	.
NEW JERSEY	21.38	18.84	10.95	10.13	23.36
NEW MEXICO	0.00	2.45	7.27	4.55	1.69
NEW YORK	8.18	15.33	100.00	35.56	31.75
NORTH CAROLINA	.	.	.	.	.
NORTH DAKOTA	0.00	2.17	0.00	0.00	66.67
OHIO	8.70	13.80	21.70	14.59	0.00
OKLAHOMA	11.81	8.57	7.53	12.99	11.63
OREGON	0.00	0.00	0.00	0.00	0.00
PENNSYLVANIA	13.46	14.31	10.00	13.65	61.37
PUERTO RICO	0.00	0.12	0.00	0.00	0.00
RHODE ISLAND	5.63	7.10	9.90	14.29	.
SOUTH CAROLINA	40.97	48.17	37.33	40.48	50.23
SOUTH DAKOTA	0.00	1.13	5.26	0.00	0.00
TENNESSEE	26.55	23.93	38.07	27.34	29.19
TEXAS	10.26	12.86	18.97	12.13	15.74
UTAH	.	.	.	.	.
VERMONT	0.00	2.64	5.56	0.00	0.00
VIRGINIA	27.66	27.63	27.88	27.75	0.00
WASHINGTON	5.23	7.40	7.14	1.72	8.49
WEST VIRGINIA	0.00	0.00	0.00	0.00	0.00
WISCONSIN	5.68	5.16	.	.	5.73
WYOMING	0.00	1.09	0.00	0.00	.
AMERICAN SAMOA	0.00	0.00	0.00	0.00	0.00
GUAM	0.00	0.00	0.00	0.00	0.00
NORTHERN MARIANAS	0.00	0.00	0.00	0.00	0.00
PALAU	.	.	.	.	.
VIRGIN ISLANDS	100.00	64.10	100.00	100.00	0.00
BUR. OF INDIAN AFFAIRS	.	.	.	.	.
U.S. AND OUTLYING AREAS	18.20	15.51	21.00	19.58	22.78
50 STATES, D.C. & P.R.	18.21	15.48	21.02	19.62	22.79

Please see data notes for an explanation of individual State differences.

Percentages are based on the counts of infants and toddlers with disabilities for whom race/ethnicity were provided.

Data based on the December 1, 1998 count, updated as of September 26, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH12

Percentage of Infants and Toddlers Ages Birth Through 2 Exiting Part C
Programs, by Race/Ethnicity, During the 1998-99 School Year

STATE	BLACK				
	DECEASED	MOVED OUT OF STATE	WITHDRAWAL BY PARENT	UNSUCCESSFUL CONTACT	TOTAL
ALABAMA	67.86	26.60	40.59	60.71	48.39
ALASKA	0.00	2.27	7.14	0.00	6.16
ARIZONA	.	.	.	.	.
ARKANSAS	22.22	16.36	28.98	12.38	29.11
CALIFORNIA	10.28	0.00	0.00	0.00	12.86
COLORADO	4.17	3.93	5.38	7.37	4.06
CONNECTICUT	15.00	14.09	15.73	15.70	15.05
DELAWARE	0.00	22.22	22.22	50.00	29.83
DISTRICT OF COLUMBIA	66.67	42.86	50.00	100.00	77.88
FLORIDA	28.45	0.00	28.28	28.29	28.27
GEORGIA	0.00	0.00	0.00	40.00	20.00
HAWAII	0.00	6.15	0.65	2.20	2.46
IDAHO	.	.	.	.	.
ILLINOIS	30.43	12.09	13.54	33.44	20.30
INDIANA	12.00	14.90	20.13	22.81	15.12
IOWA	13.33	7.55	0.00	0.00	4.10
KANSAS	22.22	11.56	7.37	15.52	9.74
KENTUCKY	8.00	8.70	8.33	8.21	8.26
LOUISIANA	46.15	30.56	56.25	0.00	46.60
MAINE	0.00	0.56	0.72	.	0.58
MARYLAND	71.43	19.84	45.29	57.14	28.88
MASSACHUSETTS	5.14	.	9.06	15.53	9.12
MICHIGAN	21.43	13.37	13.22	39.47	24.07
MINNESOTA	5.88	14.29	25.00	.	8.81
MISSISSIPPI	60.58	55.41	55.90	.	0.20
MISSOURI	26.47	3.28	7.59	42.25	16.12
MONTANA	0.00	0.00	0.00	0.00	0.69
NEBRASKA	0.00	.	12.50	.	5.65
NEVADA	0.00	12.61	14.61	20.27	11.92
NEW HAMPSHIRE	0.00	0.00	2.94	1.03	0.76
NEW JERSEY	41.30	22.71	27.75	45.25	21.44
NEW MEXICO	0.00	4.48	1.30	0.00	2.71
NEW YORK	20.37	11.45	27.70	40.27	16.37
NORTH CAROLINA	.	.	.	.	.
NORTH DAKOTA	0.00	11.43	0.00	0.00	3.81
OHIO	15.00	22.41	18.56	29.63	16.62
OKLAHOMA	4.76	8.16	10.50	13.73	10.04
OREGON	0.00	0.00	0.00	6.15	2.26
PENNSYLVANIA	26.79	21.43	29.86	67.15	23.41
PUERTO RICO	0.00	0.00	0.00	0.00	0.07
RHODE ISLAND	14.29	11.63	12.90	13.33	9.37
SOUTH CAROLINA	57.50	38.46	45.68	60.00	46.20
SOUTH DAKOTA	0.00	0.00	0.00	9.09	1.37
TENNESSEE	25.76	16.06	24.12	32.63	26.18
TEXAS	16.80	10.51	15.11	20.51	14.24
UTAH	.	.	.	.	.
VERMONT	0.00	0.00	0.00	0.00	2.18
VIRGINIA	28.57	27.34	27.32	27.88	27.59
WASHINGTON	20.00	8.33	10.60	6.02	7.47
WEST VIRGINIA	0.00	0.00	0.00	0.00	.
WISCONSIN	10.00	8.06	11.52	41.23	10.51
WYOMING	0.00	0.00	28.57	28.57	2.87
AMERICAN SAMOA	0.00	0.00	0.00	0.00	0.00
GUAM	0.00	0.00	0.00	0.00	0.00
NORTHERN MARIANAS	0.00	0.00	0.00	0.00	0.00
PALAU	.	.	.	.	.
VIRGIN ISLANDS	100.00	64.71	100.00	50.00	71.23
BUR. OF INDIAN AFFAIRS	.	.	.	.	.
U.S. AND OUTLYING AREAS	24.66	16.63	20.42	28.34	17.34
50 STATES, D.C. & P.R.	24.76	16.52	20.45	28.39	17.34

Please see data notes for an explanation of individual State differences.

Percentages are based on the counts of infants and toddlers with disabilities for whom race/ethnicity were provided.

Data based on the December 1, 1998 count, updated as of September 26, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH12

**Number of Infants and Toddlers Ages Birth Through 2 Exiting Part C
Programs, by Race/Ethnicity, During the 1998-99 School Year**

STATE	HISPANIC				
	COMPLETE PRIOR TO MAX AGE	EXIT TO PART B ELIGIBLE	EXIT OTHER PROGRAMS	ELIGIBILITY WITH NO REFERRALS	NOT DETERMINED
ALABAMA	0	8	0	0	0
ALASKA	1	9	0	1	6
ARIZONA	.	.	.	.	.
ARKANSAS	5	18	5	5	0
CALIFORNIA	1,199	3,279	1,207	0	0
COLORADO	11	103	16	7	7
CONNECTICUT	85	227	55	38	26
DELAWARE	1	13	9	21	4
DISTRICT OF COLUMBIA	3	9	0	0	0
FLORIDA	347	467	305	5	0
GEORGIA	.	.	.	.	.
HAWAII	6	5	6	2	10
IDAH0	.	.	.	.	.
ILLINOIS	55	29	3	59	3
INDIANA	12	26	12	8	0
IOWA	0	9	1	2	0
KANSAS	33	126	11	8	2
KENTUCKY	2	.	.	.	20
LOUISIANA	1	3	1	0	0
MAINE	1	.	.	.	0
MARYLAND	19	27	2	26	0
MASSACHUSETTS	168	624	120	56	57
MICHIGAN	7	52	0	6	19
MINNESOTA	33	73	.	.	1
MISSISSIPPI	18	3	2	4	1
MISSOURI	0	4	2	0	0
MONTANA	4	1	2	1	2
NEBRASKA	.	58	.	.	10
NEVADA	9	22	0	82	3
NEW HAMPSHIRE	1	5	0	.	.
NEW JERSEY	32	228	20	3	141
NEW MEXICO	9	97	17	8	73
NEW YORK	61	418	0	22	79
NORTH CAROLINA	.	.	.	.	.
NORTH DAKOTA	0	3	0	0	0
OHIO	4	6	5	7	0
OKLAHOMA	8	12	2	1	6
OREGON	4	0	0	0	0
PENNSYLVANIA	64	173	0	21	112
PUERTO RICO	189	828	46	6	45
RHODE ISLAND	5	53	18	2	.
SOUTH CAROLINA	5	5	0	0	4
SOUTH DAKOTA	0	1	0	0	0
TENNESSEE	7	36	5	1	8
TEXAS	579	1,703	244	77	798
UTAH	.	.	.	.	.
VERMONT	0	1	0	0	0
VIRGINIA	14	53	12	12	0
WASHINGTON	26	137	18	14	25
WEST VIRGINIA	0	0	0	0	0
WISCONSIN	6	9	.	.	6
WYOMING	5	16	1	0	.
AMERICAN SAMOA	0	0	0	0	0
GUAM	0	0	0	0	0
NORTHERN MARIANAS	0	0	0	0	0
PALAU	.	.	.	.	.
VIRGIN ISLANDS	0	13	0	0	0
BUR. OF INDIAN AFFAIRS	.	.	.	.	.
U.S. AND OUTLYING AREAS	3,039	8,992	2,147	505	1,468
50 STATES, D.C. & P.R.	3,039	8,979	2,147	505	1,468

Please see data notes for an explanation of individual State differences.

Data based on the December 1, 1998 count, updated as of September 26, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH12

**Number of Infants and Toddlers Ages Birth Through 2 Exiting Part C
Programs, by Race/Ethnicity, During the 1998-99 School Year**

STATE	HISPANIC				TOTAL
	DECEASED	MOVED OUT OF STATE	WITHDRAWAL BY PARENT	UNSUCCESSFUL CONTACT	
ALABAMA	0	6	4	0	18
ALASKA	0	4	0	0	21
ARIZONA	.	.	.	.	.
ARKANSAS	2	4	7	11	57
CALIFORNIA	156	0	0	0	5,841
COLORADO	4	56	59	87	350
CONNECTICUT	2	27	43	22	525
DELAWARE	0	3	0	0	51
DISTRICT OF COLUMBIA	0	2	3	0	17
FLORIDA	15	0	170	172	1,481
GEORGIA	0	1	1	1	3
HAWAII	0	5	4	1	39
IDAHO	.	.	.	.	.
ILLINOIS	0	20	26	33	228
INDIANA	0	14	12	5	89
IOWA	2	5	3	2	24
KANSAS	4	27	19	14	244
KENTUCKY	0	1	4	2	30
LOUISIANA	0	0	0	0	5
MAINE	0	1	1	.	3
MARYLAND	0	6	10	11	101
MASSACHUSETTS	33	.	84	130	1,272
MICHIGAN	1	6	4	43	138
MINNESOTA	0	6	0	.	113
MISSISSIPPI	2	4	3	.	251
MISSOURI	1	0	1	3	11
MONTANA	1	2	3	2	18
NEBRASKA	1	.	0	.	69
NEVADA	6	17	15	23	177
NEW HAMPSHIRE	0	0	0	1	7
NEW JERSEY	9	37	29	45	544
NEW MEXICO	4	30	35	9	282
NEW YORK	3	36	41	40	700
NORTH CAROLINA	.	.	.	.	.
NORTH DAKOTA	0	3	0	0	6
OHIO	0	7	2	1	32
OKLAHOMA	0	10	11	6	56
OREGON	1	1	1	8	15
PENNSYLVANIA	7	28	71	21	497
PUERTO RICO	31	75	53	112	1,385
RHODE ISLAND	0	8	31	16	133
SOUTH CAROLINA	2	3	3	2	24
SOUTH DAKOTA	0	0	0	0	1
TENNESSEE	0	9	14	20	100
TEXAS	49	207	1,188	633	5,478
UTAH	.	.	.	.	.
VERMONT	0	0	0	0	1
VIRGINIA	2	10	9	8	122
WASHINGTON	4	13	18	21	276
WEST VIRGINIA	0	0	0	0	.
WISCONSIN	1	16	7	7	52
WYOMING	1	2	1	0	26
AMERICAN SAMOA	0	0	0	0	0
GUAM	0	0	0	0	0
NORTHERN MARIANAS	0	0	0	0	0
PALAU	.	.	.	.	.
VIRGIN ISLANDS	0	1	0	1	15
BUR. OF INDIAN AFFAIRS	.	.	.	.	.
U.S. AND OUTLYING AREAS	344	713	1,990	1,513	20,928
50 STATES, D.C. & P.R.	344	712	1,990	1,512	20,913

Please see data notes for an explanation of individual State differences.

Data based on the December 1, 1998 count, updated as of September 26, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH12

Percentage of Infants and Toddlers Ages Birth Through 2 Exiting Part C
Programs, by Race/Ethnicity, During the 1998-99 School Year

STATE	HISPANIC				
	COMPLETE PRIOR TO MAX AGE	EXIT TO PART B ELIGIBLE	EXIT OTHER PROGRAMS	ELIGIBILITY WITH NO REFERRALS	NOT DETERMINED
ALABAMA	0.00	0.96	0.00	0.00	0.00
ALASKA	2.70	5.59	0.00	9.09	12.77
ARIZONA	.	.	.	.	.
ARKANSAS	4.85	3.23	7.94	13.89	0.00
CALIFORNIA	41.13	44.69	40.03	0.00	0.00
COLORADO	27.50	22.99	50.00	41.16	38.89
CONNECTICUT	16.70	16.97	17.03	14.90	24.07
DELAWARE	6.25	6.91	7.44	8.64	8.33
DISTRICT OF COLUMBIA	15.00	27.27	0.00	0.00	0.00
FLORIDA	13.35	13.36	13.34	12.82	0.00
GEORGIA	.	.	.	.	.
HAWAII	2.61	1.97	1.90	1.68	4.03
IDAHO	.	.	.	.	.
ILLINOIS	12.04	9.90	11.11	8.94	23.08
INDIANA	1.62	2.49	1.29	2.07	0.00
IOWA	0.00	2.54	1.18	4.76	0.00
KANSAS	11.66	13.29	15.07	19.51	9.52
KENTUCKY	1.55	.	.	.	1.52
LOUISIANA	3.03	1.04	5.88	0.00	0.00
MAINE	0.50	.	.	.	0.00
MARYLAND	4.06	2.60	1.75	5.25	0.00
MASSACHUSETTS	16.58	19.07	31.41	16.37	18.94
MICHIGAN	4.12	2.72	0.00	2.70	2.97
MINNESOTA	4.90	3.19	.	.	4.76
MISSISSIPPI	1.56	0.81	0.63	0.96	0.45
MISSOURI	0.00	0.91	0.61	0.00	0.00
MONTANA	7.14	0.69	5.88	3.03	11.76
NEBRASKA	.	8.23	.	.	6.67
NEVADA	16.67	18.97	0.00	21.47	25.00
NEW HAMPSHIRE	1.64	1.22	0.00	.	.
NEW JERSEY	7.86	13.47	7.07	3.80	17.80
NEW MEXICO	33.33	59.51	30.91	36.26	61.86
NEW YORK	4.62	8.74	0.00	48.89	13.41
NORTH CAROLINA	.	.	.	.	.
NORTH DAKOTA	0.00	2.17	0.00	0.00	0.00
OHIO	3.48	1.84	4.72	3.78	0.00
OKLAHOMA	5.56	3.81	2.15	1.30	4.65
OREGON	12.50	0.00	0.00	0.00	0.00
PENNSYLVANIA	7.83	5.40	0.00	6.67	14.72
PUERTO RICO	100.00	99.88	100.00	100.00	100.00
RHODE ISLAND	7.04	15.68	17.82	5.71	.
SOUTH CAROLINA	1.43	0.70	0.00	0.00	1.83
SOUTH DAKOTA	0.00	0.56	0.00	0.00	0.00
TENNESSEE	1.55	2.49	2.84	0.72	4.97
TEXAS	35.35	38.49	44.94	28.31	45.50
UTAH	.	.	.	.	.
VERMONT	0.00	0.44	0.00	0.00	0.00
VIRGINIA	4.96	5.16	5.31	5.29	0.00
WASHINGTON	16.99	13.52	18.37	24.14	23.58
WEST VIRGINIA	0.00	0.00	0.00	0.00	0.00
WISCONSIN	2.62	4.23	.	.	3.13
WYOMING	26.32	8.74	7.14	0.00	.
AMERICAN SAMOA	0.00	0.00	0.00	0.00	0.00
GUAM	0.00	0.00	0.00	0.00	0.00
NORTHERN MARIANAS	0.00	0.00	0.00	0.00	0.00
PALAU	.	.	.	.	.
VIRGIN ISLANDS	0.00	33.33	0.00	0.00	0.00
BUR. OF INDIAN AFFAIRS	.	.	.	.	.
U.S. AND OUTLYING AREAS	16.50	18.15	20.29	9.31	17.84
50 STATES, D.C. & P.R.	16.52	18.15	20.32	9.40	17.84

Please see data notes for an explanation of individual State differences.
Percentages are based on the counts of infants and toddlers with disabilities for whom race/ethnicity were provided.

Data based on the December 1, 1998 count, updated as of September 26, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH12

Percentage of Infants and Toddlers Ages Birth Through 2 Exiting Part C
Programs, by Race/Ethnicity, During the 1998-99 School Year

STATE	HISPANIC					TOTAL
	DECEASED	MOVED OUT OF STATE	WITHDRAWAL BY PARENT	UNSUCCESSFUL CONTACT		
ALABAMA	0.00	6.38	3.96	0.00		1.29
ALASKA	0.00	9.09	0.00	0.00		5.88
ARIZONA	.	.	.	.		.
ARKANSAS	11.11	3.64	3.98	10.48		4.78
CALIFORNIA	55.32	0.00	0.00	0.00		43.11
COLORADO	16.67	31.46	31.72	45.79		30.89
CONNECTICUT	10.00	18.12	15.03	18.18		16.89
DELAWARE	0.00	33.33	0.00	0.00		8.01
DISTRICT OF COLUMBIA	0.00	28.57	50.00	0.00		16.35
FLORIDA	12.93	0.00	13.35	13.33		13.34
GEORGIA	0.00	50.00	33.33	20.00		30.00
HAWAII	0.00	3.85	1.29	1.10		2.28
IDAHO	.	.	.	.		.
ILLINOIS	0.00	21.98	9.03	10.61		10.54
INDIANA	0.00	5.49	2.52	4.39		2.21
IOWA	13.33	9.43	9.38	22.22		3.65
KANSAS	22.22	13.57	20.00	24.14		14.06
KENTUCKY	0.00	1.09	1.45	1.49		1.52
LOUISIANA	0.00	0.00	0.00	0.00		1.06
MAINE	0.00	0.56	0.36	.		0.43
MARYLAND	0.00	4.76	2.62	9.82		3.67
MASSACHUSETTS	18.86	.	25.38	40.37		20.72
MICHIGAN	2.38	3.21	3.31	4.25		3.16
MINNESOTA	0.00	12.24	0.00	.		3.70
MISSISSIPPI	0.73	0.88	0.84	.		25.13
MISSOURI	2.94	0.00	0.69	2.11		0.84
MONTANA	11.11	3.08	5.36	11.11		4.17
NEBRASKA	25.00	.	0.00	.		7.96
NEVADA	42.86	15.32	16.85	31.08		20.68
NEW HAMPSHIRE	0.00	0.00	0.00	1.03		1.07
NEW JERSEY	19.57	17.87	13.88	25.14		13.97
NEW MEXICO	57.14	44.78	45.45	52.94		50.99
NEW YORK	5.56	13.74	14.75	26.85		9.35
NORTH CAROLINA	.	.	.	.		.
NORTH DAKOTA	0.00	8.57	0.00	0.00		2.54
OHIO	0.00	6.03	1.20	1.85		2.94
OKLAHOMA	0.00	5.10	4.62	5.88		4.26
OREGON	16.67	3.03	2.63	12.31		8.47
PENNSYLVANIA	12.50	14.29	7.88	15.33		7.77
PUERTO RICO	100.00	98.68	100.00	100.00		99.86
RHODE ISLAND	0.00	18.60	25.00	26.67		17.07
SOUTH CAROLINA	5.00	2.88	1.23	2.35		1.26
SOUTH DAKOTA	0.00	0.00	0.00	0.00		0.34
TENNESSEE	0.00	4.66	2.15	3.53		2.60
TEXAS	39.20	35.08	40.88	53.42		40.77
UTAH	.	.	.	.		.
VERMONT	0.00	0.00	0.00	0.00		0.31
VIRGINIA	9.52	3.91	4.92	4.85		5.12
WASHINGTON	20.00	15.48	11.92	25.30		15.63
WEST VIRGINIA	0.00	0.00	0.00	0.00		.
WISCONSIN	3.33	7.58	3.66	6.14		4.41
WYOMING	33.33	5.88	7.14	0.00		9.32
AMERICAN SAMOA	0.00	0.00	0.00	0.00		0.00
GUAM	0.00	0.00	0.00	0.00		0.00
NORTHERN MARIANAS	0.00	0.00	0.00	0.00		0.00
PALAU	.	.	.	.		.
VIRGIN ISLANDS	0.00	5.88	0.00	50.00		20.55
BUR. OF INDIAN AFFAIRS	.	.	.	.		.
U.S. AND OUTLYING AREAS	18.97	12.94	16.69	20.07		17.97
50 STATES, D.C. & P.R.	19.10	13.00	16.73	20.09		18.00

Please see data notes for an explanation of individual State differences.
Percentages are based on the counts of infants and toddlers with disabilities for whom race/ethnicity were provided.
Data based on the December 1, 1998 count, updated as of September 26, 2000.
U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH12

**Number of Infants and Toddlers Ages Birth Through 2 Exiting Part C
Programs, by Race/Ethnicity, During the 1998-99 School Year**

STATE	WHITE				
	COMPLETE PRIOR TO MAX AGE	EXIT TO PART B ELIGIBLE	EXIT OTHER PROGRAMS	ELIGIBILITY WITH NO REFERRALS	NOT DETERMINED
ALABAMA	0	410	73	7	0
ALASKA	25	88	0	6	18
ARIZONA	.	.	.	.	.
ARKANSAS	71	339	37	24	12
CALIFORNIA	1,113	2,752	1,120	0	0
COLORADO	28	326	15	10	11
CONNECTICUT	319	889	208	176	60
DELAWARE	10	124	66	151	28
DISTRICT OF COLUMBIA	1	2	0	0	0
FLORIDA	1,498	2,013	1,318	23	0
GEORGIA	.	.	.	.	.
HAWAII	42	46	44	19	30
IDAHO	.	.	.	.	.
ILLINOIS	303	211	14	471	4
INDIANA	622	869	754	334	15
IOWA	56	325	83	37	2
KANSAS	220	693	54	31	17
KENTUCKY	115	.	.	.	1,176
LOUISIANA	15	148	11	0	15
MAINE	195	.	.	.	33
MARYLAND	345	729	55	342	0
MASSACHUSETTS	723	2,308	168	236	211
MICHIGAN	141	1,503	50	153	401
MINNESOTA	504	1,956	.	.	17
MISSISSIPPI	511	167	149	190	98
MISSOURI	82	353	294	23	39
MONTANA	44	127	26	28	10
NEBRASKA	.	586	.	.	126
NEVADA	35	64	4	241	8
NEW HAMPSHIRE	58	393	1	.	.
NEW JERSEY	275	1,092	221	67	440
NEW MEXICO	12	43	27	13	30
NEW YORK	1,119	3,562	0	4	288
NORTH CAROLINA	.	.	.	.	.
NORTH DAKOTA	15	111	10	7	1
OHIO	98	272	78	149	0
OKLAHOMA	109	239	77	59	92
OREGON	27	0	0	3	0
PENNSYLVANIA	631	2,516	9	245	148
PUERTO RICO	0	0	0	0	0
RHODE ISLAND	61	256	70	26	.
SOUTH CAROLINA	199	357	47	49	104
SOUTH DAKOTA	6	137	10	15	6
TENNESSEE	321	1,044	99	97	106
TEXAS	844	2,055	186	154	637
UTAH	.	.	.	.	.
VERMONT	10	217	16	8	2
VIRGINIA	183	668	147	147	0
WASHINGTON	103	721	60	41	60
WEST VIRGINIA	0	0	0	0	0
WISCONSIN	201	180	.	.	170
WYOMING	13	159	13	5	.
AMERICAN SAMOA	0	0	0	0	0
GUAM	0	0	4	0	0
NORTHERN MARIANAS	0	0	0	0	0
PALAU	.	.	.	.	.
VIRGIN ISLANDS	0	1	0	0	0
BUR. OF INDIAN AFFAIRS	.	.	.	.	.
U.S. AND OUTLYING AREAS	11,303	31,051	5,618	3,591	4,415
50 STATES, D.C. & P.R.	11,303	31,050	5,614	3,591	4,415

Please see data notes for an explanation of individual State differences.

Data based on the December 1, 1998 count, updated as of September 26, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH12

**Number of Infants and Toddlers Ages Birth Through 2 Exiting Part C
Programs, by Race/Ethnicity, During the 1998-99 School Year**

STATE	WHITE				TOTAL
	DECEASED	MOVED OUT OF STATE	WITHDRAWAL BY PARENT	UNSUCCESSFUL CONTACT	
ALABAMA	9	62	56	73	690
ALASKA	0	32	21	0	190
ARIZONA	.	.	.	.	.
ARKANSAS	12	88	118	81	782
CALIFORNIA	77	0	0	0	5,062
COLORADO	19	110	110	85	714
CONNECTICUT	15	98	191	78	2,034
DELAWARE	1	4	7	1	392
DISTRICT OF COLUMBIA	0	2	0	0	5
FLORIDA	67	0	734	743	6,396
GEORGIA	0	1	2	2	5
HAWAII	1	39	33	5	259
IDAHO	.	.	.	.	.
ILLINOIS	16	55	221	171	1,466
INDIANA	43	198	366	81	3,282
IOWA	10	43	29	7	592
KANSAS	10	141	69	35	1,270
KENTUCKY	23	82	246	120	1,762
LOUISIANA	6	23	18	0	236
MAINE	4	172	269	.	673
MARYLAND	3	87	188	37	1,786
MASSACHUSETTS	132	.	202	137	4,117
MICHIGAN	31	153	96	523	3,051
MINNESOTA	13	34	3	.	2,527
MISSISSIPPI	104	195	153	.	6
MISSOURI	24	56	133	77	1,081
MONTANA	4	51	45	10	345
NEBRASKA	3	.	7	.	722
NEVADA	7	74	58	32	523
NEW HAMPSHIRE	2	52	32	93	631
NEW JERSEY	16	109	115	47	2,382
NEW MEXICO	3	26	28	4	186
NEW YORK	39	187	159	47	5,405
NORTH CAROLINA	.	.	.	.	.
NORTH DAKOTA	3	25	15	2	189
OHIO	17	83	133	37	867
OKLAHOMA	17	147	175	69	984
OREGON	4	32	37	52	155
PENNSYLVANIA	34	115	542	22	4,262
PUERTO RICO	0	1	0	0	1
RHODE ISLAND	4	29	70	36	552
SOUTH CAROLINA	15	59	127	32	989
SOUTH DAKOTA	2	8	14	3	201
TENNESSEE	46	148	463	359	2,685
TEXAS	52	303	1,217	301	5,749
UTAH	.	.	.	.	.
VERMONT	4	25	8	19	309
VIRGINIA	13	169	120	107	1,550
WASHINGTON	11	61	106	53	1,216
WEST VIRGINIA	0	0	0	0	.
WISCONSIN	22	170	156	51	950
WYOMING	2	31	8	3	234
AMERICAN SAMOA	0	0	0	0	0
GUAM	0	0	0	0	10
NORTHERN MARIANAS	0	0	0	0	0
PALAU	.	.	.	.	.
VIRGIN ISLANDS	0	4	0	0	5
BUR. OF INDIAN AFFAIRS	.	.	.	.	.
U.S. AND OUTLYING AREAS	942	3,584	6,900	3,635	69,480
50 STATES, D.C. & P.R.	942	3,580	6,900	3,635	69,465

Please see data notes for an explanation of individual State differences.

Data based on the December 1, 1998 count, updated as of September 26, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH12

Percentage of Infants and Toddlers Ages Birth Through 2 Exiting Part C
Programs, by Race/Ethnicity, During the 1998-99 School Year

STATE	WHITE				
	COMPLETE PRIOR TO MAX AGE	EXIT TO PART B ELIGIBLE	EXIT OTHER PROGRAMS	ELIGIBILITY WITH NO REFERRALS	NOT DETERMINED
ALABAMA	0.00	49.16	55.73	53.85	0.00
ALASKA	67.57	54.66	0.00	54.55	38.30
ARIZONA	.	.	.	.	.
ARKANSAS	68.93	60.75	58.73	66.67	52.17
CALIFORNIA	38.18	37.50	37.15	0.00	0.00
COLORADO	70.00	72.77	46.88	58.82	61.11
CONNECTICUT	62.67	66.44	64.40	69.02	55.56
DELAWARE	62.50	65.96	54.55	62.14	58.33
DISTRICT OF COLUMBIA	5.00	6.06	0.00	0.00	0.00
FLORIDA	57.62	57.60	57.63	58.97	0.00
GEORGIA	.	.	.	.	.
HAWAII	18.26	18.11	13.92	15.97	12.10
IDAHO	.	.	.	.	.
ILLINOIS	66.30	72.01	51.85	71.36	30.77
INDIANA	84.17	83.24	80.90	86.30	68.18
IOWA	84.85	91.81	97.65	82.10	100.00
KANSAS	77.74	73.10	73.97	75.61	80.95
KENTUCKY	89.15	.	.	.	89.29
LOUISIANA	45.45	51.39	64.71	0.00	42.86
MAINE	97.50	.	.	.	100.00
MARYLAND	73.72	70.23	48.25	69.09	0.00
MASSACHUSETTS	71.37	70.52	43.98	69.01	70.10
MICHIGAN	82.94	78.53	83.33	68.92	62.75
MINNESOTA	74.78	85.49	.	.	80.95
MISSISSIPPI	44.20	45.26	46.71	45.45	44.14
MISSOURI	91.11	80.41	89.63	88.46	78.00
MONTANA	78.57	88.19	76.47	84.85	58.82
NEBRASKA	.	83.12	.	.	84.00
NEVADA	64.81	55.17	100.00	63.09	66.67
NEW HAMPSHIRE	95.08	96.09	100.00	.	.
NEW JERSEY	67.57	64.50	78.09	84.81	55.56
NEW MEXICO	44.44	26.38	49.09	59.09	25.42
NEW YORK	84.71	74.47	0.00	8.89	48.90
NORTH CAROLINA	.	.	.	.	.
NORTH DAKOTA	93.75	80.43	83.33	87.50	33.33
OHIO	85.22	83.44	73.58	80.54	0.00
OKLAHOMA	75.69	75.87	82.80	76.62	71.32
OREGON	84.38	0.00	0.00	100.00	0.00
PENNSYLVANIA	77.23	78.60	90.00	77.78	19.45
PUERTO RICO	0.00	0.00	0.00	0.00	0.00
RHODE ISLAND	85.92	75.74	69.31	74.29	.
SOUTH CAROLINA	57.02	50.28	62.67	58.33	47.49
SOUTH DAKOTA	75.00	77.40	52.63	75.00	60.00
TENNESSEE	71.02	72.20	56.25	69.78	65.84
TEXAS	51.53	46.45	34.25	56.62	36.32
UTAH	.	.	.	.	.
VERMONT	100.00	95.59	88.89	100.00	100.00
VIRGINIA	64.89	64.98	65.04	64.76	0.00
WASHINGTON	67.32	71.17	61.22	70.69	56.60
WEST VIRGINIA	0.00	0.00	0.00	0.00	0.00
WISCONSIN	87.77	84.51	.	.	88.54
WYOMING	68.42	86.89	92.86	100.00	.
AMERICAN SAMOA	0.00	0.00	0.00	0.00	0.00
GUAM	0.00	0.00	100.00	0.00	0.00
NORTHERN MARIANAS	0.00	0.00	0.00	0.00	0.00
PALAU	.	.	.	.	.
VIRGIN ISLANDS	0.00	2.56	0.00	0.00	0.00
BUR. OF INDIAN AFFAIRS	.	.	.	.	.
U.S. AND OUTLYING AREAS	61.37	62.67	53.09	66.19	53.64
50 STATES, D.C. & P.R.	61.44	62.76	53.13	66.86	53.65

Please see data notes for an explanation of individual State differences.

Percentages are based on the counts of infants and toddlers with disabilities for whom race/ethnicity were provided.

Data based on the December 1, 1998 count, updated as of September 26, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH12

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Programs, by Race/Ethnicity, During the 1998-99 School Year

STATE	WHITE					TOTAL
	DECEASED	MOVED OUT OF STATE	WITHDRAWAL BY PARENT	UNSUCCESSFUL CONTACT		
ALABAMA	32.14	65.96	55.45	37.24		49.39
ALASKA	0.00	72.73	37.50	0.00		53.22
ARIZONA	.	.	.	.		.
ARKANSAS	66.67	80.00	67.05	77.14		65.60
CALIFORNIA	27.30	0.00	0.00	0.00		37.36
COLORADO	79.17	61.80	59.14	44.74		63.02
CONNECTICUT	75.00	65.77	66.78	64.46		65.42
DELAWARE	100.00	44.44	77.78	50.00		61.54
DISTRICT OF COLUMBIA	0.00	28.57	0.00	0.00		4.81
FLORIDA	57.76	0.00	57.66	57.60		57.62
GEORGIA	0.00	50.00	66.67	40.00		50.00
HAWAII	8.33	30.00	10.65	5.49		15.15
IDAHO	.	.	.	.		.
ILLINOIS	69.57	60.44	76.74	54.98		67.78
INDIANA	86.00	77.65	76.73	71.05		81.64
IOWA	66.67	81.13	90.63	77.78		89.97
KANSAS	55.56	70.85	72.63	60.34		73.16
KENTUCKY	92.00	89.13	89.13	89.55		89.31
LOUISIANA	46.15	63.89	37.50	0.00		50.21
MAINE	100.00	97.18	97.46	.		97.54
MARYLAND	21.43	69.05	49.21	33.04		64.97
MASSACHUSETTS	75.43	.	61.03	42.55		67.06
MICHIGAN	73.81	81.82	79.34	51.73		69.88
MINNESOTA	76.47	69.39	75.00	.		82.77
MISSISSIPPI	37.96	43.05	42.98	.		0.60
MISSOURI	70.59	91.80	91.72	54.23		82.21
MONTANA	44.44	78.46	80.36	55.56		79.86
NEBRASKA	75.00	.	87.50	.		83.28
NEVADA	50.00	66.67	65.17	43.24		61.10
NEW HAMPSHIRE	100.00	98.11	94.12	95.88		96.04
NEW JERSEY	34.78	52.66	55.02	26.26		61.16
NEW MEXICO	42.86	38.81	36.36	23.53		33.63
NEW YORK	72.22	71.37	57.19	31.54		72.22
NORTH CAROLINA	.	.	.	.		.
NORTH DAKOTA	100.00	71.43	93.75	40.00		80.08
OHIO	85.00	71.55	79.64	68.52		79.61
OKLAHOMA	80.95	75.00	73.53	67.65		74.83
OREGON	66.67	96.97	97.37	80.00		87.57
PENNSYLVANIA	60.71	58.67	60.16	16.06		66.66
PUERTO RICO	0.00	1.32	0.00	0.00		0.07
RHODE ISLAND	57.14	67.44	56.45	60.00		70.86
SOUTH CAROLINA	37.50	56.73	52.26	37.65		51.81
SOUTH DAKOTA	66.67	42.11	56.00	27.27		68.84
TENNESSEE	72.73	76.68	71.12	63.32		69.72
TEXAS	41.60	51.36	41.88	25.40		42.78
UTAH	.	.	.	.		.
VERMONT	100.00	100.00	100.00	100.00		96.26
VIRGINIA	61.90	66.02	65.57	64.85		64.99
WASHINGTON	55.00	72.62	70.20	63.86		68.86
WEST VIRGINIA	0.00	0.00	0.00	0.00		.
WISCONSIN	73.33	80.57	81.68	44.74		80.51
WYOMING	66.67	91.18	57.14	42.86		83.87
AMERICAN SAMOA	0.00	0.00	0.00	0.00		0.00
GUAM	0.00	0.00	0.00	0.00		8.33
NORTHERN MARIANAS	0.00	0.00	0.00	0.00		0.00
PALAU	.	.	.	.		.
VIRGIN ISLANDS	0.00	23.53	0.00	0.00		6.85
BUR. OF INDIAN AFFAIRS	.	.	.	.		.
U.S. AND OUTLYING AREAS	51.96	65.06	57.86	48.21		59.68
50 STATES, D.C. & P.R.	52.30	65.35	58.00	48.31		59.80

Please see data notes for an explanation of individual State differences.

Percentages are based on the counts of infants and toddlers with disabilities for whom race/ethnicity were provided.

Data based on the December 1, 1998 count, updated as of September 26, 2000.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Data Notes for IDEA, Part C

Counts of Infants and Toddlers Served

Illinois—The State reported increases in child count from 1998 to 1999, due to a massive Child Find required by the State courts. Also, eligibility requirements changed from 40-50 percent to 30 percent delay requirements. Therefore, more children were eligible for the program.

Indiana—The total increase of 30.5 percent from 1998 to 1999 is accurate and reflects successful Child Find activities. Indiana also adopted a number of biological risk factors as a basis for eligibility and has reassessed its estimate of the target population. Currently, based on the incidence of low birth weight babies, the State anticipates continued growth toward an annual enrollment of about 18,000 children.

Ohio—The State attributed the increase in the number of infants and toddlers served from 1998 to 1999 to a newly implemented statewide data collection system (Early Track) in all counties.

West Virginia—The State attributed the 51.5 percent decrease in the child count from 1998 to 1999 to difficulties encountered in implementing a new data application. The new application will allow data to be collected and entered at the local level with regular submissions to the State office. The State has not successfully completed the conversion process from the previous database and paper transfer process to the new data application. Once the conversion is completed, the State believes that its 1999 reported child count will be more in line with previous years.

Early Intervention Program Settings

Delaware—The State indicated increases in other settings has resulted from increases in services provided which are supported in a range of environments, reported largely in the other category. The State further commented that this approach has been developed to support children in natural environments.

Hawaii—The State attributes the increase in programs for typically developing children from 1997-98 to 1998-99 to efforts to provide more services in natural settings to be consistent with the IDEA Amendments of 1997. The decrease in other settings was attributed to staff identifying specific settings rather than using the generic "other." The State also credits the increase to better record keeping and collecting more detailed data.

Illinois—The State reported significant decreases in home settings and classroom settings from 1997-98 to 1998-99 because the State focused on producing an unduplicated count.

Indiana—The 52.87 percent increase in children served in the home setting is a direct result of a policy emphasizing delivery of services in natural environments and the more frequent interpretation of natural environment as being in the home. It also reflects the increase in the number of children enrolled in the program.

Michigan—The State attributes the decrease in other settings to improved use of the service provider location category. The OSEP-revised category label has improved understanding of what should be included in that setting.

New Jersey—The increase in home environments and programs for typically developing children is due to a move to provide services in natural environments.

Ohio—The increase in programs for developmental delay is due to more accurate reporting in the State's Early Track data collection system.

Oklahoma—The State reported that the decrease in other settings is due to the renewed emphasis on natural environment settings and decreased reliance on contract providers providing services in non-natural environment settings.

Early Intervention Program Exiting

Alaska—The data from this table came from an older database for which the definitions of the exit categories were not entirely consistent with the Part C requirements. The State of Alaska is implementing a new database with exit categories and definitions that are consistent with Part C definitions; therefore, the exit data for the December 1999-00 submission will be more accurate.

Alaska has a high number of children in the moved out of State category because families move to the State for jobs and often stay for short periods of time due to its remote arctic environment. Also, Alaska has a large military population, and these families often are transferred out of State after 2 years or less due to military assignments.

Delaware—The State reports that large numbers of children reported in two categories—not eligible for Part B exit to other programs and not eligible for Part B—are a function of the broad Part C eligibility definition; therefore, more of the children exiting Part C may not require further services.

Indiana—The high number of children recorded as exiting by completion of individual family service plan (IFSP) reflects the rate of success of the First Steps program.

Kansas—Kansas reported a large number of children in the moved out of State category. The State reported that families living on the border of Kansas and Missouri frequently move between States. Kansas also reported that a large number of military bases are in the State, and these families are reassigned to other States/countries. Also, Southwest Kansas and Sedgewick County in South Central Kansas have high populations of migrant workers.

Kansas reported the large number of infants and toddlers identified as Part B eligible was a function of the similarity in eligibility requirements between Parts B and C.

Montana—Montana reported a large number of children exiting because they moved out of state. The reason cited was that Montana is a very economically depressed area, which results in rapid turnover in population as parents search for viable employment. Additionally, Montana is home to Malmstrom Airforce Base; a large number of military families and their children receive services but move often.

New Jersey—The State reported high exiting rates because the majority of children served in Part C are ages 2-3, who consequently reach maximum age. New Jersey reported that followup was inadequate to determine appropriate exit categories, but also reported that the monthly reporting process has now been changed to obtain more accurate information.

Rhode Island—In response to reporting large numbers of children exiting, the State reported that it exits a number of children to other programs who enter early intervention, especially those with multiple risk conditions who are often more appropriately served by programs other than their "disability-oriented" program.

Vermont—The State, in response to questions about the large number of children exiting, reported that most of the Part C children served are referred between the ages of 2-3, and, therefore, most of them would be exiting.

Early Intervention Services

Delaware—The State reported that the significant increase in other early intervention services from 1997-98 to 1998-99 were attributable to staff underreporting assistive technology services in previous years. Part C staff have been providing technical assistance to early intervention programs on the definitions of early intervention services. As a result, programs have been reporting more accurately assistive technology services on IFSP and to Delaware's data tracking system.

Hawaii—The State attributed the increase from 1997-98 to 1998-99 in nursing services and respite care to better record keeping and collecting more detailed data.

Idaho—Upon investigation of the decrease in other early intervention services category from 1997-98 to 1998-99, the State discovered that this discrepancy was due principally to the past inclusion of "service coordination" services in that category. The State corrected this error, which accounts for the decline.

Indiana—The State reported that increases from 1997 to 1998 in assistive technology services reflect several factors: (1) increased accuracy of the integrated central demographic and financial database; (2) major increases in the number of children enrolled; and (3) greater sophistication in targeting the needs of the children served.

Michigan—The State commented that decreases in social work services were caused by a change in how the State defined the social work services category. Previously, the State included service coordination with the code for social work services. Beginning in 1998-99, Michigan no longer included service coordination in this category.

Nevada—The State reported that in previous years, programs were underreporting assistive technology services. Technical assistance has been provided to early intervention programs on definitions of early intervention services. Programs have thus begun reporting more accurately the assistive technology services on IFSPs and to Nevada's data tracking system.

Ohio—The increase in services reported is due to full implementation of the State's Early Track data collection system. The decrease in family training services is related to the increase in other early intervention services. The State suspects that the family training, counseling, home visits, and other support service categories were over-utilized in the past.

Early Intervention Personnel

Connecticut—The State attributed the staff increase to a large growth in the number of children served.

Illinois—The State commented that the increase in personnel numbers is the result of a court decision that required the State to conduct a massive personnel recruitment to meet the needs of the increased number of children in the program. The State suspects that the count of orientation and mobility specialists was excessively high because developmental therapists were reported in that category. In the next data collection period, the State will include developmental therapists under special instruction and report this category under other professional staff. Illinois has had changes in Part C data management staff and is working to improve the quality of the personnel data reported. The State further noted it currently has no process to collect counts of paraprofessionals because they do not bill the State directly.

Indiana—The State reported that professional staff decreases from 1997 to 1998 of physical therapists, other staff, and total staff are a reflection of increasingly accurate data collection from an integrated central demographic and financial database.

Louisiana—The decrease in the FTE of paraprofessionals employed and contracted to provide early intervention services is indicative of the State's efforts to meet the intent of Federal regulations regarding personnel standards. In Louisiana, paraprofessionals are not considered "qualified providers" of early intervention services under Part C. They work as support staff in the local education agency (LEA) and early intervention programs. The State expects to see a continued decrease in the number of paraprofessionals reported. The State provided two reasons for the decrease in the total number of staff employed. First, early intervention services are provided by LEAs and public and private providers, and not all providers are submitting data. Second, the State has experienced a decline in the number of qualified providers due to a reduction in the already low Medicaid reimbursement.

Michigan—One of the larger districts in the State reported an increase of 35 individuals with an FTE increase of 22.35 in the social worker category.

Ohio—The increase in personnel from 1997 to 1998 is because Early Track was fully implemented in all 88 counties. The decrease in other professional staff is related to the more accurate reporting in the other personnel areas, such as nurses, occupational therapists, physical therapists, etc.



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